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VACCINATION VENTURES

Explanation and Outcomes of a Mass Smallpox Vaccination Clinic Exercise

held

June 17, 2003

by the

San Francisco Department of Public Health

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Structure of this Report and Contact Information

This report is intended to serve as a general guide for mass smallpox vaccination clinic planning, based on an exercise held June 17, 2003 in San Francisco, CA. Specific details of the event are not included in this report. Instead this report summarizes the overall planning, challenges, successes and the lessons learned. Attachments have been included to illustrate costs, staffing estimates, job descriptions and supplemental training and education tools.

Questions regarding this report or the June 17 exercise may be directed to:

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I. Background

Since the fall of 2002, health departments across the country have been tasked with devising smallpox post-event plans. The components of these post-event plans include epidemiological investigations, contact tracing, targeted vaccination and mass vaccination. This is accomplished through collaboration and education with local physicians and hospitals, and by working with community partners such as the police, the fire department and FBI.

For our planning in San Francisco, in a smallpox post-event worst-case scenario, it is assumed that approximately 1 million San Francisco residents and visitors could be offered vaccination. This would be accomplished by setting up approximately 40 sites throughout the city that would each be open 16 hours per day for five consecutive days. Each of the sites would have bilingual capabilities and the goal would be to move approximately 312 people through each site each hour. It is also assumed that approximately 210-235 personnel would be necessary for staffing per shift, per site. When multiplied out (# of personnel x # of shifts x # of sites), 16,000-20,000 staff members would be needed each day.

With plans on paper, it was important to test San Francisco's assumptions. Experiencing and evaluating a mock mass vaccination exercise would help to identify whether our assumptions regarding the number of staff needed, the skill mix of the staff, the patient flow, the space needs and the clinic layout were correct.

A mass clinic drill was subsequently conducted on June 17, 2003. To the best of our knowledge, this was the largest drill of its kind to test a local jurisdiction's ability to focus specifically on vaccinating large numbers of individuals within a short time frame. Nearly 200 staff and 1,350 volunteer patients participated in the daylong event. For the event, there were no needles or sharps on-site, patients were "vaccinated" with a small plastic stirring straw dipped in sterile water. The tone of the drill, however, was realistic and the paperwork and educational materials that were used would also have been used in a real emergency.

It is our hope that the information contained in this report will be beneficial for other jurisdictions planning similar events, and that this document will be useful in our own future planning efforts. We, the San Francisco Health Department, welcome comments regarding this report, and welcome other jurisdictions/agencies to use these materials for their own planning efforts.

II. Event Summary

The drill was held from 8 am to 5 pm. The agenda for the day was:

8:00 am	DPH Staff Sign In
8:25 am	General Briefing, Staff Break Area
9:00 am	Break into designated Areas for Area Trainings from Area Leaders
9:45 am	Area Leaders Reconvene in Clinic Management Area
10:00 am	Begin Seeing Patients (Doors Open)
11:30 am	Press Conference, Level 2
1:00 pm	VIP Briefing, Level 2
2:00 pm	Contacts Area and Fever/Rash Area Close for Day
3:45 pm	End of Exercise. Direct all patients to Paperwork Drop-Off and Exit
4:15 pm	Debriefing Exercise "Hot Wash" in individual areas
4:30 pm	All staff gather in Staff Break Area for large group debriefing "Hot Wash"
5:00 pm	All staff leave the building

- Approximately 1,350 patients came through the exercise.
    - 28 people came through the exercise two times
    - 16 people came through the exercise three times
    - 8 people came through 6 or more times
- 192 SFDPH staff members worked at the exercise.
- The median patient age was 42.
- 12% of patients (n=129)) did not speak English at home.
- The vast majority of patients completed the exercise in 75 minutes or less (target goal was 120 minutes or less).
- Overall patient evaluation information was positive, although there was a slight difference in responses from English speakers and non-English speakers.
- Overall staff evaluation information was positive, however more training was necessary than was feasible the day of the event.
- Post drill conclusions clarify that the site layout was efficient but could be improved and that staff estimates needed to include more security personnel, more medical screeners and fewer vaccinators.

III. Event Specifics

A. The Planning Process – Project Leadership and Steering Committee

Sixty-six working days were spent to plan the entire event. *Annex 3* of the CDC document *CDC Guidance for Post-Event Smallpox Planning*, dated October 29, 2002, was used as a reference tool, as well as phone calls and different communications with other disaster planners. A preliminary meeting was held March 13, 2003 whereby consensus was reached that we should attempt a mass vaccination clinic and general goals were put on paper. The goals were as follows:

- Test our ability to provide mass screening and vaccination
    - Accommodate 310-320 patients an hour
    - Operate site in English, Spanish and Cantonese
    - Test clinic flow, skill mix of staff, space needs and crowd control
    - Address additional special patient needs
- Test our ability to recruit volunteer "patients" from the community
- Activate our Departmental Operations Center (DOC)

Between March 13 and March 28, it was solidified who would be in charge of what components of the June 17th exercise. A project manager and logistics manager were primarily responsible for putting on the event, and a *Steering Committee* was put in place that would help make policy decisions but not be tasked with detail work unless specifically asked to do so by either the project or logistics managers.

The first official Steering Committee meeting was held March 28. It was decided that weekly meetings would ensue.

Steering Committee members included:

- The Director of the Community Health Epidemiology and Disease Control Section
- The SFDPH Immunization Program Manager
- A Community Health Network Senior Planner
- The SFDPH Bioterrorism Coordinator
- The San Francisco General Hospital Disaster Planner
- An SFDPH Pharmacist/Educator
- An Emergency Medical Services Administrator
- A physician from San Francisco General Hospital
- The SFDPH Public Information Officer

Guiding principles of the Steering Committee were to make things as realistic and challenging as possible. Each time the Steering Committee had to choose an easy route (and control the situation) over a hard route, a guiding principle was to choose the harder route. In a real emergency, a natural process would occur and a group like a Steering Committee would have little control.

B. Patient Flow and Site Layout

The site layout changed multiple times and remained organic almost up until the day of the drill. In a real situation this would probably also be the case. In the end, it was decided that after being triaged, most patients would go through five primary stations:

1. Paperwork Distribution
2. Education
3. Medical Screening
4. Vaccination
5. Paperwork Drop-Off

In total, there were seventeen areas on site. These included

- Triage
- Fever/Rash or Symptoms Area
- Contacts
- Paperwork Distribution
- Education (with video)
- Screening Line
- Medical Screening
- Vaccination Line
- Vaccination
- Paperwork Drop-Off
- Mental Health
- Security
- Pharmacy
- Clinic Management
- First Aid
- Data Entry
- Staff Break Area

Each of the above Areas was assigned an "Area Leader" to train and oversee staff on the actual event day. A site schematic and a full explanation of the Area descriptions and associated staff are available in the Appendix, Attachments 1 and 2.

To test triage, some patients were given roles to play (i.e. having a fever that day, being a contact of an exposed case). Most patients (95%), however, were asked to play themselves and use their real medical histories. To ensure confidentiality, we encouraged use of made-up or fictitious names.

Multiple signs were made and posted in each of the areas and on all of the entrances and exits. Entrance and exit signs were tri-lingual, and so were posters for the five primary stations. A list of all signs is included in the Appendix, Attachment 3.

Bill Graham Civic Auditorium is the building that was chosen for the drill site. It is a City-owned auditorium that can hold 7,000 people, has a large main floor and surrounding smaller rooms. It was also in close proximity to the main building of the Department of Public Health (directly across the street), which would facilitate the transport of supplies. Although parking is somewhat limited in the area, Bill Graham Civic Auditorium is on all major public transportation routes (train, bus, railcar) and participants in the exercise were encouraged to take public transportation to attend the event.

C. Time Motion Study

Since testing patient flow was a primary objective of the exercise, a time-motion study was conducted in concert with the exercise. This component was contracted out to James Bowman Associates, Inc., a local consulting firm with time-motion study experience in community clinic settings. The software program used was a beta version of the CDC-developed *Patient Flow Analysis*, and this was the largest test of the software (in terms of number of patients and staff) to date.

The intention was to objectively determine how many patients could move through the clinic in the course of an hour, examine how well utilized staff would be, and examine where the bottlenecks would occur. We were also interested in learning how long each of the components of the exercise took different patients.

Ten James Bowman Associates, Inc. staff members were on-site to help facilitate data collection the day of the drill. However, SFDPH staff was responsible for most of the on-site data collection (see Appendix for Data Collection Forms, Attachments 5 and 6). Data entry and analysis were then conducted at the offices of James Bowman Associates, Inc. To ensure that all staff were aware of the time of day, inexpensive digital watches that were pre-programmed from the factory (for synchronized time) were purchased and given to all staff working that day.

D. Costs

Excluding personnel, the event cost approximately $95,000. All SFDPH participating received their normal pay for hours worked. Volunteer patients were not paid. Direct expenses included the costs associated with rent, supplies (medical and non-medical), equipment, the time-motion study, a public relations firm for patient recruitment, and document translation and duplication. Laptop computers and LCD projectors were also purchased for the event – but would be primarily used for future emergencies and longer-term emergency planning.

In a true emergency, it is unlikely that funds would be spent to conduct a time-motion study, or to help recruit patients via a public relations firms. Subtracting costs of laptops, the PR firm and the time motion study, the overall drill would have cost approximately $37,119. This is a significant difference.

A more detailed spreadsheet with overall costs is in the Appendix, Attachment 6, but here is a summary of the costs involved for the drill:

Items	Cost
Medical Supplies	$2,632
General Office Supplies, Pinnies, Traffic Flow Enhancers	$5,202
Rent, Rented Equipment, Ambulance	$11,119
Materials Translation and Document Reproduction	$8,466
Volunteer incentives, watches	$4,918
Food, Water, Beverages for Staff	$4,782
Total	**$37,119**

Time Motion Study - $15,000
PR Firm for Patient Recruitment - $10,000
Computer Equipment for future emergencies - $33,122

E. Staff Recruitment

Prior to the drill, it was estimated that 210-235 people were needed for staffing of the mass vaccination clinic. For liability and salary payment issues, it was decided that only SFDPH staff would work at the disaster drill. To assist with recruiting, support was sought from the Health Department Director/Health Officer and other departmental leaders to communicate the importance of participating in this event and identify all non-essential staff who could be assigned to this project.

In-house recruitment methodology included

- system-wide e-mail messages asking staff to participate for the full day
- e-mail messages to managers from the Director of Health
- postings in department-wide electronic newsletter
- presentations made at "Director's Cabinet" meetings
- presentations made at multiple staff and management meetings
- system-wide voice mail messages
- posting sign-up sheets on the SFDPH intranet and internet sites
- word of mouth

Interested staff were asked to complete a registration form – with their supervisor's signature - (see Appendix, Attachment 7) and fax it to a central location. The staff registration sheet asked questions about current job classifications, language skills, job skills and whether prospective staff had clinical or administrative experience. Prior to the event, all MDs, RNs and PharmDs who registered were assigned to clinical areas such as Medical Screening and Vaccination. Administrative staff whose job classifications entailed health policy or direct service work were placed in non-clinical roles (education room monitors, line monitors, paperwork distributors and receivers, e.g.) while clerical staff were assigned to runner positions and to data entry. Language was also an important determinant in assigning roles to staff in advance. It was necessary to have at least one person who spoke Spanish and one who spoke Cantonese in almost every area of the drill. Event organizers did try to best match staff with their skill sets, but if staff were to unexpectedly show up the day of the drill, it was decided they would be quickly placed in areas that were still short on staff.

Recruitment was slow going. In the event of a real emergency, all city staff are considered disaster workers and would be required to report to a disaster site. For the exercise, supportive managers proved to be the most effective recruiters by sending much of their own staff. A citywide (and statewide) budget crisis with associated staffing cuts inhibited many sections from being able to part with any staff members. In the event of a real emergency, the Departmental Operations Center and citywide Emergency Operations Center would recruit staff through departmental managers. As a backup for the exercise, SFDPH Personnel Department was to be on-call to provide additional staff as needed.

In the end their assistance was not necessary. Final recruitment pushes resulted in 192 people working at the drill – this was shy of our desired goal but enough to begin the exercise. However the Security station was not staffed. Exercise organizers instead instructed all staff the morning of the drill that they would play a role in security and at directing patients and answering their questions.

F. Volunteer Patient Recruitment

Volunteer "patient" recruitment was another challenge. To test our assumptions about patient flow, the exercise needed at least 700 volunteer patients arriving within two hours of each other. A target goal of 1,500 patients was put on paper for recruitment purposes, with a minimum goal of 700 patients. We also hoped for patients that would represent the diversity of San Francisco. In that regard, marketing language was created that encouraged families, people with disabilities, children, the elderly, and people who did not speak English to attend. In a real emergency, each mass smallpox vaccination clinic site would include English and at least one other language. For the purposes of this drill, all languages were welcome.

Volunteer patients were not paid to participate. Parking was not reimbursed for patient participation. Since funds were limited, small thank you gifts (a first aid kit, a certificate of appreciation, leftover incentive gifts from other projects) and a raffle for larger prizes (gift certificates to department stores, i.e.) were used as incentives to attract volunteer patients.

A flyer for patient recruitment was created and translated to Spanish, Chinese, and Russian (see Appendix, Attachment 8-volunteer flyer). This flyer was then mailed to community based organizations, posted in the Civic Center area surrounding the Health Department, posted on the Department of Public Health Website, and shared in person at meetings, community forums and gatherings. On all marketing materials, the raffle and thank you gifts were emphasized. It was also communicated that people would be there two hours.

It was not made explicit on the recruitment flyer that this was a smallpox vaccination exercise, because we did not want to instill any unnecessary fear. If people asked, we would explain further, but for the general public, the drill was marketed as a "Public Health Emergency Drill."

Recruitment of patient volunteers was less slow going than with recruiting staff, but many people worked tirelessly to help bring up the numbers. Aggressive outreach was a primary reason we were able to recruit close to the targeted number of patient volunteers. Three staff members devoted about 75% of their time solely to recruiting volunteers. In addition, three weeks prior to the event, a public relations firm with community organizing experience was hired to assist. Despite aggressive outreach efforts, it was necessary at the last moment to rely on paid City and County staff to fill the gaps in numbers. Two weeks prior to the event, the mayor sent out a letter to all City employees and this brought in an additional 400 patient volunteers.

A full list of all marketing options used is included in the Appendix (Attachment 12-Patient Outreach and Marketing), but some examples of how patients were recruited include:

- Creation of public service announcements for radio.
- Broad community canvassing with flyers/information.
- A press release that generated print stories (Attach 10).
- Paid advertisements placed in neighborhood papers.
- Paid advertisements placed in monolingual, non-English papers.
- System-wide voice and email messages for SFDPH staff.
- A mayoral letter (Attach 11) attached to a paycheck addressed to all San Francisco City and County employees encouraging participation in the drill and offering 2 hours of paid time with supervisory approval

- Use of smaller flyers on Muni public bus (transit) system.
- Working with local volunteer centers and volunteering websites.
- Posting information and registration materials (in English, Spanish, Chinese and Russian) on the SFDPH website.
- Use of an electronic newsletter to SFDPH staff encouraging their participation from the Health Officer.
- Use of television media (the day before the event) for last minute recruitment assistance.

When individuals were interested in registering as patient volunteers, they were asked to call a voice-mail box and leave their name, address, phone number and email address. They could also complete a patient registration sheet (Attachment 9-patient registration) and fax it to a specific number. To avoid everyone arriving at once, people were asked to sign up for a specific arrival time, such as 10 am or 11 am or noon etc. If a time-slot filled up with over 320 people, volunteers were asked to arrive at another time.

G. Patient Education

Patient education consisted of the CDC-developed smallpox vaccine patient advice video *Decision Point for the Smallpox Vaccine Candidate* with an SFDPH-taped message spliced onto the front of the video (see Appendix for transcript, Attachment 13), a *welcome to the* drill piece developed by SFDPH (Attachment 13.5) the smallpox Vaccine Information Statement and supplements (also CDC-developed), and a medical history and consent form (Attachment 14). All materials were color-coded by language and available in English, Spanish and Cantonese. English materials were in white, Spanish forms in goldenrod and Chinese materials in blue. All of the patient education materials (Menu for Attachment 15), as well as an overall documents list (Attachment 16), are included in the Appendix.

There were five education rooms for the showing of the video and each room had 50 chairs. Three rooms were dedicated to the English video, one room for Spanish and one room for Chinese. The idea was to show the video after all 50 chairs had been filled. For the Spanish and Chinese videos, however, it was not necessary to wait for all chairs to be filled before showing the video. There was also flexibility built in to the system such that if there needed to be two Chinese videos showing, this was possible, or if there needed to be four English videos showing, this was possible as well.

Patients were expected to read their informational materials as they were waiting for the video to begin. Patients were then expected to finish reading and complete the Medical History and Consent Form as they were going through the medical screening line (patient flow was improved by completing forms while standing) – all patients received pens and cardboard backings with their respective paperwork.

After viewing the video, patients' hands were stamped with a seal that read "Educated by DPH." This hand stamp ensured that patients would not be arriving for medical screening who had bypassed seeing the video.

Post-drill follow-up instructions for site checking were intentionally excluded from the materials offered to patients. The reasoning behind this was that there was no system in place to actually do site-checking post-drill, and SFDPH did not want patients actually arriving for such activities (some volunteer patients did call after the exercise to obtain information on their smallpox "vaccination").

In lieu of receiving follow-up instructions, patients received a tip sheet (Attachment 17) with general public health messages such as the location of all of the anonymous HIV testing sites in San Francisco, general immunization information, cardiovascular disease, and hand-washing tips. This is also found in the Appendix (Attachment 18).

III. Additional Decisions/Methodology

Further decisions had to be made regarding the overall policies of the exercise. Project leaders and the Steering Committee focused on the type of scenario that would guide the exercise, the level of marketing that would take place around the exercise, who could potentially attend as observers, how staff would be trained, how vaccinations would be administered and how the overall exercise would be evaluated.

A. Exercise Scenario

To help guide the drill, a scenario (Attachment 19) was created that enabled staff to implement full screening for contraindications. As a result of this scenario, it was also decided that approximately 3% of the patients who came to the drill would be considered contacts (this was considered to be a reasonable estimate replicating what would happen in reality with a scenario of this nature). It was also decided that there would be a total of 100 patients throughout the day who would have a fever or a rash, and less than 10 of those patients would be considered infectious.

June 17th Exercise Scenario

On Sunday, June 15th, 20 cases of probable smallpox were seen in Emergency Rooms throughout the country, with the largest number of cases presenting in the Washington, DC area. Additional reports of cases are coming in today (June 17th). At this time, it has been determined that all identified cases attended the symphony (~1000 attendees) at the Kennedy Center in Washington, DC on Sunday, June 8th. We expect additional cases from the initial presumed release to develop symptoms through June 25th, the end of the 7 – 17 day incubation period for smallpox. We expect additional cases to occur from contact with the initial cases.

There are currently 3 cases in the Bay Area, one of which is in SF.

Field investigation teams are doing potential case identification, contract tracing and ring vaccination for:
- Anyone who attended the event in Washington, DC on June 8th.
- Contacts of individuals who attended the event.

In addition, SFDPH will be opening 40 mass vaccination clinics in San Francisco for SF residents.

B. Staff Training

1. Area Leader Training

In a real emergency, doors to receive patients would most likely remain closed until all staff felt as if they had been sufficiently trained. When one has only one day to train 192 staff members and conduct a drill, training time is markedly reduced. Anticipating this dilemma, a two-hour training was held the day before the event, June 16, 2003, for the people who, in advance, had been designated as Area Leaders. The training date of June 16 was chosen on purpose – holding the training as close to the drill as possible would improve the chance that most of the information would be retained.

At the Area Leader training (agenda of training in Appendix, Attachment 20), an overview of the day and explanation of the site areas was given. Area Leaders also learned of their critical roles to:

- Train staff working in their areas
- Manage staff working in their areas (facilitate the taking of breaks and lunch)
- Oversee evaluation for each area, including initiating a "hot wash" debriefing session at the end of the day
- Ensure that staff complete Staff Feedback Forms and that staff edit Job Action Sheets
- Encourage comments on Staff Observation Sheets
- Answer questions for staff.
- Troubleshoot, solve problems on the spot.
- Initiate clean-up in area at end of day.
- Ensure that staff members were meeting requirements of the time motion study.

Area leaders, having some time to contemplate how to train their staff, came prepared the following morning. Materials were also provided for them on June 17 to assist with their training needs (i.e. a cheat sheets for vaccinators and medical screeners) (See Appendix, Attachments 21 and 22).

2. Training of all other Staff – Job Action Sheets

All other staff learned of their actual assignments and were trained in 45 minutes the next morning, June 17, by a brief orientation (with Guidelines for the Day (Attachment 23), their Area Leaders and Job Action Sheets (see Job Action Sheet Menu). Every single position had a Job Action Sheet or job description. Each of these is included in the Appendix.

The Job Action Sheets would also be used in a real emergency to assist with reimbursement through the Federal Emergency Management Act or FEMA. In particular, the "time" column is necessary in a real emergency, but was not necessarily relevant for the mass smallpox vaccination drill.

C. Communication Systems

All staff who worked at the event wore blue pinnies (an inexpensive type of vest, often worn in intramural sports). Area Leaders wore red pinnies. Exercise controllers wore white vests. The primary means of communication between one area and another was via runners. In a real emergency, it was anticipated that we would not have access to the hundreds of radios needed for 40 different sites, so we wanted to test our ability to communicate with runners.

Some radios were available at the drill, for exercise controllers (five controllers participated). These were used to access the on-site ambulance crew and first aid station in case of a real medical emergency, and to access the Departmental Operations Center to make unanticipated material and personnel requests.

D. Vaccination

No real smallpox vaccinations were given at the drill, and no needles or sharps were present. There were 15 vaccination stations, each staffed by two people (following CDC recommendations to alleviate repetitive motion stress and fatigue) who took turns vaccinating and dressing vaccination sites. "Vaccination" was by dipping a small plastic stirring stick into a vial of sterile water. Proper protocols for initial vs. revaccination (3 jabs vs. 15 jabs) were then followed. Nurses were asked to document the vaccines given by placing a lot number sticker on the Medical History and Consent Form (this would replicate the "PVN" number that comes with the Strategic National Stockpile vaccine), and initialing and dating the form.

No vaccine reconstitution took place on site, but the pharmacy area would have been responsible for such action. The pharmacy area was also responsible for packaging the stirring sticks in batches of 100 and attaching pre-printed lot number labels with the stirring sticks and vaccine vials (the idea was to replicate what would be arriving from the Strategic National Stockpile in the event of a real emergency).

There were a number of checks and balances built into the system to ensure that those arriving for vaccination were, indeed cleared for vaccination. These included the following:

- Hand Stamps ensuring that patients had watched the video
- Screening Line Monitors who checked hand stamps
- Medical Screeners who signed off on Medical History and Consent Forms saying that patients were cleared for vaccination (if patients had a contraindication but wanted to be vaccinated anyway, a bright green sticker was placed on the Medical History and Consent form that read "+CI – Cleared for Vaccination")
- Patient signatures on Medical History and Consent Forms
- Vaccination Line Monitors who checked Medical History and Consent Forms for two signatures.

By creating all of these checks, only the patients who were truly clear for vaccination would arrive for vaccination. The vaccination nurses could then focus solely on vaccination rather than screening.

E. Event Marketing

The best reason to use the media prior to the event was to assist with patient recruitment. To the media, however, *"patients needed to participate in a drill"* is not a story with a good hook. Timing was also an issue – to air a television story too early would result in people forgetting about the event. After many discussions in the Steering Committee, it was decided to be available for press the day before the event - invite them to the training for the Area Leaders, invite them to tape some site set-up images, and have the story be that the Health Department was preparing for a large disaster drill to take place the next day.

On the day of the event, three activities took place that helped disseminate information about the drill and facilitate coverage.

- There was an educational presentation made to other county health departments and health agencies. Continuing education units were offered for attending this lecture and the lecture was marketed in advance via electronic distribution lists and statewide newsletters. The Director of the Community Health Epidemiology and Disease Control (CHEDC) Section gave the lecture.

- A press conference was held during the event. Press was directed to the mezzanine level, above the auditorium, where a podium and chairs were set up. This also enabled press to get some camera shots from above the main floor where the exercise was taking place.

- A briefing for VIPs was held that same day, in the same location as the press conference. Attendees included representatives from Congress and the State legislature, County supervisors, members of the Health Commission and local officials involved with community government. The Mayor of San Francisco had made an appearance earlier that day and was "impressed" by the high degree of organization.

The overall result was that the drill was well received by both the electronic and print media. All major networks from San Francisco (NBC, CBS, ABC, Independent Channel 4 and Fox TV) ran prime time stories during their early evening broadcasts. Spanish speaking Telemundo and Chinese Television also covered the event for their audiences that reach well beyond the Bay Area. One station in particular, (Independent) KRON Channel 4, dispatched a film crew early in the morning and a second one in the early afternoon to film the wrap up.

F. Event Observers

The Steering Committee made a decision that there would be no observers at the exercise –if people wanted to observe, they would have to register as patients. This no-observer policy made it easy to be objective when people asked if they could come and watch. It also increased the number of patients participating in the exercise.

G. Evaluation

It has already been stated that one of the primary evaluation tools was the Time Motion Study. To conduct such a study, almost every staff member present had a staff code, and the Area to which they were assigned also had codes. Each patient volunteer had a data collection sheet and every interaction between a staff member and a patient was documented by writing the time on the data collection sheet. Waiting time was assessed by measuring the amount of time between patient interactions.

Other evaluation tools included a Patient Evaluation Sheet, a Staff Feedback Sheet, and on-site debriefings by area as well as an overall debriefing.

Patient Evaluation Form (Attachment 24) – This was completed by patients to gain feedback regarding understandability of information and site organization from a patient perspective. Completion of this form also entered them into the raffle for larger prizes at the June 17th Event. Their responses were entered into an Access database created specifically for the drill on-site at the June 17th event To perform the data entry, 10 laptop computers with (connected to regular size keyboards) were set up on site.

Staff Feedback Sheet (Attachment 25) – When staff checked in, they were given a clipboard with a number of papers and a pen. One of the papers was the Staff Feedback Sheet, which they were asked to complete for qualitative responses about communication on-site, supplies, and job training. Staff were also given observation sheets (in case there was not enough space on the feedback sheet), but their completion was not mandatory.

Debriefing Sessions – At the end of the exercise, each Area conducted a debriefing session. Responses were recorded on flip-charts and employees answered questions about what worked in their area and what did not work. The final activity of the day was to gather all staff in one room and have an overall debriefing about what did and did not work throughout the day. Again, these responses were recorded. Both of these debriefing sessions were called "Hot Washes," as is the lingo for military debriefing sessions in disaster situations.

All recorded information, from the patient evaluation forms, staff feedback sheets and the debriefing sessions, was compiled. The major findings are listed below in the Results/Outcomes section and the Lessons Learned section.

IV. Challenges

There were a number of challenges that applied to the planning and the actual "day-of" activities for the mass clinic drill. Many of these challenges would also apply in a real emergency, but some would not. For example, if a large scale release of smallpox virus truly had occurred in a community, we did not think that either staff recruitment or patient recruitment would have been an issue. By having public figureheads on television directing people where to go, people would arrive in droves (especially staff, since they would be vaccinated first).

The following is a table of major challenges we experienced, and whether or not we think they would have applied in a true emergency or whether they would simply be challenges for anyone conducting future exercises.

Challenge for June 17th Exercise	Would it apply in a real emergency?
1) The short planning timeline	Yes, it would be much shorter in a true emergency. However, additional local, state and federal resources would be available to support our efforts.
2) Sufficient Staff Recruitment	Depending on the communication medium (television and radio, i.e.) and the clarity of the broadcast message, the biggest challenge may be setting up of a large scale registration system. In a real emergency, all SFDPH staff would be required to report to the disaster site, and the Emergency Operations Center would also assist with staff recruitment.
3) Sufficient Patient Recruitment	In a real emergency, patient recruitment may be a non-issue. There would be significant challenges, however, in reaching/vaccinating the homebound, people with disabilities (hearing impaired, developmentally disabled e.g.), the homeless, or others with special needs. Again, clarity of broadcast messages would be of utmost importance to direct patients where to go.
4) Estimating how many supplies would be needed before having an idea as to how many patients would be attending.	It would be a definite challenge to stock multiple sites with sufficient supplies in a timely manner.
5) Purchasing needed items in time of the event within the confines of the City and County purchasing system.	Many of the purchasing constraints would be lifted in the case of a true emergency.
6) Setting up contracts in short time frames with the Public Relations firm and the Consulting for the time-motion study.	This would not apply in a true emergency.
7) Documenting times for the Time Motion Study	No. The time motion study was a valuable tool for collecting data, but would most likely not be used in a real emergency. During the busiest time of the day (between 10am and noon) for the drill, the added responsibility of documenting time probably slightly decreased the efficiency of patient flow. SFDPH staff also had the burden of some of the watches that were supposed to be synchronized not telling the correct time, so they would have to consult with others to ensure they were documenting the right time. In a true emergency, these added responsibilities would not exist and staff could focus entirely on moving patients through.

Challenge for June 17th Exercise	Would it apply in a real emergency?
8) Determining the proper educational video to show patients.	Yes. CDC has developed a post-event smallpox vaccine education video, but it is outdated (focusing a great deal on the Investigational New Drug status), it is too long (> 18 minutes), and it is alarming (stating that indeed an act of terrorism has taken place in one's community). Finding the proper video – to simply speak about the benefits and risks of smallpox vaccine, go over contraindications and site care instructions, and translating the video to the languages that are needed (with closed captions for the hearing impaired), would all be major challenges that would apply in a true emergency.
9) Communicating properly with developmentally disabled patients	Yes. The overall level of literacy for the paperwork and educational materials, (the VISs, the Medical History and Consent form, and even the video) were all too advanced for a mass audience . More developmentally appropriate materials need to be created if they are to be truly understood by a mass audience. If this is not feasible, changes would have to be made in processes (with additional, specialized staff), to accommodate many special needs of the developmentally disabled.
10) Translating materials into different languages in a timely manner	Yes. In San Francisco there are over 40 languages spoken. Getting the video translated and with subtitles in a timely manner will be a tremendous challenge for a real emergency, as well as double checking printed paperwork for proper translations.

V. Results/Outcomes

A. Time Motion Study Data

This section contains excerpts from the full Time Motion Study report, which is available in the Appendix (Attachments 26 and 27).

Data entry forms were completed for 1,325 patients who came through the exercise and 136 staff members with direct patient contact participated in the time motion study.

- 89% of the patients seen were English speakers and spent an average of 61 minutes in the exercise: 21 minutes were spent receiving services, the remainder (40 minutes) was spent waiting.
- 5.4% of the patients were Chinese-speaking and spent an average of 76 minutes in the exercise, with 22 minutes receiving services.
- 3.1% of patients were Spanish-speaking and spent an average of 65 minutes in the exercise with 27 minutes receiving services.
- On average, 35% of the time spent receiving services was spent watching the video.

The following tables show the average number of minutes patients spent in session by language, and the time receiving services for the primary language groups by clinic stop.

Time in Session and Receiving Services by Primary Language
(Numbers from JBA report have been rounded to nearest minute and percent.)

Language	# of patients	Average Minutes in Session	Range of Minutes in Session	Average Minutes Receiving Services	% of Time Receiving Services
ASL	8	126	123-129	52	41
Chinese	72	76	33-130	22	29
English	1,184	61	1-190	21	34
Filipino	1	78	78	25	31
Russian	1	53	53	5	9
Spanish	41	66	24-121	27	41
Tagalog	6	53	33-83	21	40
Vietnamese	12	107	43-118	54	50
Total	1,325	62	1-190	22	34

Average Minutes Receiving Service by Stop

Stop	All Patients	English	Chinese	Spanish
Triage	1	1	2	1
Video	16	16	17	19
Screening Line	1	1	1	1
Medical Screening	3	3	3	4
Contraindications Screening	4	4	2	5
Vaccination Line	1	1	1	1
Vaccination	1	1	1	3
Site Dressing	1	1	1	2

The longest stop in the exercise was the video, with patients spending an average of 16.3 minutes in the video room. The Medical Screening and Contraindications stops were the next longest (2.7 minutes and 3.6 minutes respectively). Vaccination and site dressing was quicker than had been anticipated.

Patient Waiting Time

Clinic Stops	# of Events (Patients Served)	Mean Waiting Time
Triage	1,312	3
Contacts	79	30
Fever/Rash	53	22
Video	1,225	9
Screening Line	1,199	14
Medical Screening	931	3
Contraindications Screening	431	4
Vaccination Line	698	2
Vaccination	711	4
Site Dressing	694	0
First Aid	3	8
Mental Health	16	8

The largest bottleneck at the exercise for the majority of clients served was the line waiting to speak with a medical screener (14.1 minutes waiting time). This was heavily influenced by the groups of people who would arrive from watching the video, and the fact that in the middle of the day, many of the medical screeners took breaks for lunch.

Staff Utilization

Clinic Stop	# of Staff	Available Staff Time (minutes)	Patient Contact Time (minutes)	% Time in Patient Contact
Triage	15	3,040	1,176	39
Contacts	9	1,574	735	47
Fever/Rash	4	761	202	27
Screening Line	7	1,909	727	38
Medical Screening	20	5,323	2,480	47
Contraindications Screening	13	3,394	1,500	44
Vaccination Line	4	1,048	372	35
Vaccination	26	6,517	850	13
Site Dressing	26	6,530	535	8
First Aid	2	612	45	7
Mental Health	3	926	94	10

Note: The Video Room stop is not included in the table above because staff was not serving individual patients, but groups, and staff was not in actual contact with patients.

The personnel whose time was best utilized (meaning the highest percentage of their available time was spent serving clients) were the medical screeners and contraindication counselors. These were essentially the same job function and over 45% of their available time was spent serving patients. The most poorly utilized staff were the vaccinators and site dressers (13% and 8% of their time with direct patient contact).

These data clearly demonstrate that there were too many vaccinators. At least five vaccination stations (10 staff people) could easily have been closed and these clinical staff could have been redirected to perform as medical screeners.

This staff utilization data, coupled with the information about the average number of minutes per stop, gives an impression about the number of patients who can subsequently be seen at a specific stop. For example, there were a total of 5,323 staff minutes available at Medical Screening. Assuming that 75% of the available time (3,992 minutes) was utilized to see patients for an average of 2.7 minutes per patient, this stop had the capacity to see 1,490 patients.

Time Motion Study Recommendations

The overall recommendations that resulted from the Time Motion Study echo many of the recommendations that SFDPH staff concluded after the exercise (and are elaborated upon in subsequent sections). In summary they include:

- Reduce the number of vaccinators/site dressers and increase the number of medical screeners.
- Add more staff to the entry area to answer questions and direct traffic.
- Utilize clear, effective signage with directional arrows (suggested colored tape on the floor).
- Have runners wear a different color pinnie or be easily identified as a runner for when the area is extremely crowded or congested.
- Conduct more training for triage staff. Ensure that in addition to their sorting duties, they are also able to answer questions about all of the activities that will take place inside.
- Use snaking lines wherever possible.
- Use separate lines for different languages or people with special needs.
- Create a communication system between the video rooms and screening line that notifies when a large group is coming into the line, especially a non-English speaking group. Ensure that there is then proper non-English speaking staff to assist those patients.

An underlying goal of the drill was to understand the logistical considerations needed to move approximately 312 patients through the exercise per hour. In order to accomplish that goal during a 5 hour drill, at least 1,560 patients would need to present for service. We did not have that many patients attend and the CDC-developed software is not able to focus solely on our busiest hours (between 10 am and noon) to determine just how many patients came through the exercise. We do know, however, that the average patient spent just over 60 minutes in the drill. This exceeded our expectation of 1.5 – 2 hours per patient.

In a real emergency, more time would be devoted to explaining patient follow-up and site checks. However, using our site model, we believe that it is very doable to move over three hundred people through each hour.

B. The Patient Experience

Approximately 1,350 patients came through the exercise.

Self-Reported information from the patient evaluation forms (1,271 forms collected) revealed the following:

- The age range of patients was 1-93 years, including 65 children less than age 18.
- The median age of all patients was 42.
- 63% of patients completed the exercise in 90 minutes or less.
- 12% of patients did not speak English at home. Languages spoken at home included:

Language Spoken at home	%
Cantonese	29%
Other Chinese (unspecified)	28%
Spanish	24%
Tagalog	8%
American Sign Language	4%
Vietnamese	2%
Russian	2%
Korean	1%
French	1%
Portuguese	1%
Mandarin	1%

The following responses were compiled from the Patient Evaluation Forms that were completed and turned in.

Question from Patient Evaluation Form	% of All Patients who Agreed	% of all Non-English Monolingual Patients who Agreed
Medical History and Consent Form was easily understandable	63%	57%
Exercise was well organized and orderly	94%	87%
DPH Staff was confident and knowledgeable	90%	77%
Patient was able to understand all written information given	93%	81%
Patient was given clear direction on movement through exercise	85%	79%
Patient was informed of right to decide against vaccination	87%	78%
Video was clear on risks and benefits of vaccination	86%	80%
Patient was given clear instruction on how to take care of vaccination site	76%	70%

- In the interest of moving patients through quickly, it was a conscious decision of event organizers to limit the number of chairs that were available on the floor, but this ultimately lead

to some patients complaining about not getting to sit enough. This would probably not apply in a real emergency.

- Many patients commented on how real the experience felt. In fact, for three patients in particular, the experience was so real that they later called the health department to say they were having a "reaction" to being "vaccinated." These patients required special conversations to reiterate that the entire experience was pretend, and that they had only had water placed on their arm, but it was interesting to event organizers to learn about the power of the mind and how real it can make things appear. This would be greatly exacerbated in a true emergency.
- Some patients made up roles for themselves to play, even though they were not instructed to do so. This was a surprising but (after speaking with other disaster organizers) not uncommon occurrence. Disaster drill planners must be aware that some members of the public take it upon themselves to act out more than is required of them.
- Finally, our patient evaluation form did not ask how they had heard about the drill, thus it is not possible to determine the most effective recruitment methodologies.

C. The Staff Experience

- 192 Employees worked an 8-hour shift at the drill.
- 155 staff feedback forms were received.
- 82% of staff agreed that the on-site training was satisfactory.
- 92% of staff agreed that the job action information they received was easy to understand.
- 96% of staff agreed that the floor plan of the site was easy to understand.
- 94% of staff agreed that the supervision of their work was satisfactory.
- 88% of staff agreed that the supplies provided to them were adequate.
- 82% of staff agreed that the message/communication system at the drill was effective.

A very high percentage of staff commented that the training they had received was adequate, as was the information on their Job Action Sheets. Upon examination of some of the practices that took place at the drill, however, there were a number of training issues that would need to be rectified in the case of a true emergency.

For example, there were some patients who were not properly triaged, there were too many patients who were sent to the Contacts Area, and there were patients who ended up in the vaccination area who were not actually cleared for vaccination. More time spent on training could have also prepared staff to better answer patient questions about the location of the next area they should visit, and the activity that would take place there. Staff needed more of a general understanding about the functions that were taking place in each of the Areas. Staff (especially the medical screeners and the vaccinators) also could have benefited from watching the smallpox vaccine educational video. On the morning of the drill, however, there simply was not sufficient time to go into all of these specifics.

82% of staff agreed that the system of using runners for communication at the drill was effective, but there were also many suggestions to have runners in different colored pinnies for future drills.

Overall, staff and Area Leaders did a phenomenal job of solving problems on the spot, and there was very positive feedback about the general feeling of camaraderie amongst the diverse staff working at the exercise.

D. Vaccination Outcomes

- 1,292 patients turned in completed Medical History and Consent Forms. (1,199 English forms, 62 Chinese and 31 Spanish forms.)
- 703 patients (54%) received vaccinations (647 English (54%), 37 Chinese (60%), and 19 (61%) Spanish).

It is difficult to track the 46% of patients who were not vaccinated and know their reasons for declining vaccination because:

- Much of the medical information could have been fictitious.
- Many of the forms were not properly completed and it is unclear if they had true contraindications or were just not interested in the vaccine.
- Some of the nurses did not properly document as to whether or not a vaccination had indeed been given.

These two latter points were most likely a function of insufficient staff training and will be addressed in the section regarding learned lessons.

E. Paperwork and Data Entry

CDC developed the majority of the patient paperwork that was used for the drill. Many comments were received that it was too difficult for patients to interpret. The Medical History and Consent Form, in particular, though it had been modified by SFDPH to appear clearer, was something that needed to be explained question by question to patients, and the VISs and supplements were too long to fully comprehend. The video also lacked closed captions. We did have a number of patients come through the exercise (n=9) who were hearing impaired and developmentally disabled. Communicating with them about contraindications was a time-consuming process. The Contacts Area paperwork from CDC was also inadequate and cumbersome and not applicable for use in a mass clinic situation.

The data entry that was performed on-site would not be done in a true emergency because it focused on patient evaluation instead of medical history. In a real clinic situation, if data entry were to take place on site, it would be from the Medical History and Consent Forms, to track who was and was not vaccinated. A user-friendly database would have to be created as the secure data network of CDC, the Pre-Event Vaccination System, is not designed to accommodate post-event data entry. If data entry were not taking place (on the medical history and consent forms), we would recommend utilizing these staff in other areas (i.e. Security).

VI. Lessons Learned / Recommendations

Although the entire experience was informative and educational, there are some major lessons that we learned that should be applied to future drills as well as real emergency situations.

Lesson Learned	Recommendations
There was a need for greater security. DPH staff assigned to specific areas had multiple job functions for that specific area. Asking them to act as security guards in addition was overwhelming. More people needed to be designated specifically to watch patients and ensure that they were not loitering or in need of assistance.	For each Area, designate at least two additional people to act as Security Guards or Security Monitors. In this regard, we did not have enough staff working. The overall number of staff people present should have been 224. Consequently, to fully staff 40 simultaneous sites throughout the City for one 8-hour shift. For two shifts, this equates to 17,920 people needed per day. Greater security should also be posted at the entrance to the site to answer questions regarding the activities that will take place inside and act to sustain a level of calm at the site.
Designate more time for staff training. For this exercise, Job Action Sheets were used with clear job descriptions, but most staff members received 45 minutes of training and for many this was not sufficient. Many issues were identified throughout the exercise (in Triage, Video Education, Vaccination, and the Contacts areas especially) that could have been prevented with more thorough training.	Do not open doors until all staff are adequately trained. Ensure that staff know the specifics of the Areas that precede and follow their assigned work Areas. Develop a training curriculum that entails role playing and market the curriculum in advance to interested staff. Ensure that all staff have adequate time to read and ask questions about their job action sheets.
Clear, large and creative signage is of utmost importance. When large rooms are full of people, pointing to a sign for the next station is only minimally effective. Larger signs in more visible display positions were necessary. More directional aids on the floor would have helped as well.	Use creative means such as colored balloons or poles to identify line entrances or different stations. It was recommended that, to help with visibility, colored paddles be given to medical screeners to hold up when they were ready to interface with their next client. Also, to better direct patients, it was recommended that colored tape be placed on the floor. This had actually been considered as too expensive an option for the drill (because of the size of Bill Graham Auditorium, and their own codes about what could be stuck to the floor), but in a real emergency it would be worth the investment and should be seriously considered.
There was need for increased mental health staff presence – and staff with experience communicating with developmentally disabled.	More mental health counselors would be necessary in a true emergency than were used for the drill. The level of fear and anxiety would be much higher in a post-event situation. It is also recommended that Mental Health be stationed near or next to First Aid in that some patients will need the services of both areas.

Lesson Learned	Recommendations
The Contacts Area staff model was not appropriate to deal with all of the issues they encountered. There was a need for at least one person who could perform triage, a separate medical screener and a separate vaccinator.	For the drill, only one nurse was responsible for both educating and vaccinating those patients who were exposed or were contacts of exposures. Once in the contacts area, there was no triage method and the educator/vaccinator would have to spend a large amount of time with patients. Depending on the scenario, and in addition to the disease control investigation staff, the Contacts Area should include at least one person dedicated to each of triage (to separate exposures from contacts of exposures), medical screening and vaccination.
Curtains do not produce sufficient sound barriers for showing videos and video areas were potentially too large.	The English videos were shown to groups of 50. If possible, have more video rooms that accommodate fewer people and ensure that the videos are shown at staggered times. This will alleviate a large bolus of people entering the screening line at once and create more of a constant trickle of patients to the screening line instead. Also if possible, show the videos in rooms with actual walls, or space showings far apart so that the sound from one video does not interfere with the sound from another video.
Work out a plan for infectious waste clean-up and transport in advance.	Although infectious waste bags were purchased for our drill, they were not ultimately used because of the need for trained/certified staff to handle their disposal. In a true emergency finding sufficient staff who are properly certified would be a tremendous challenge so it is best to have a plan on paper in advance.
There was no need to separate the patients into "Hard" or "Easy" categories. This was done by the medical screening line monitors, to assist with patient flow. Those with no contraindications were sent to easy tables and those with contraindications were sent to hard tables. In the end this was not necessary and impeded patient flow. Nor was it necessary to have two separate screening areas – one for more difficult contraindications or patient questions. This separation of areas also impeded patient flow and efficiency.	Have all medical screeners sufficiently trained to accommodate both challenging and straightforward cases. Do not delineate between hard and easy, simply send patients to the next available station. It is easier on the line monitors and facilitates better patient flow.
Needed separate lines for different languages and the disabled. Disabled patients were walked to the front of the line during our drill, but those who spoke Spanish or Chinese had to sometimes wait longer than English speakers for an open screener. In those cases, English speakers were passing them in line.	Create a separate line for non-English speakers and filter patients with colored paperwork into that line. Create third line for those in wheelchairs or who have trouble walking/standing for faster service.
Needed information regarding self-protection if not vaccinated.	In a true emergency, it would be very important to include information about how to care for one's self if not vaccinated. This was a component that was missing for our drill.

Lesson Learned	Recommendations
Buy-in from top management is of paramount importance.	If conducting a drill and using staff as patients or staff, supportive buy-in must be sought and secured from top-management. It is important to also update top management as to progress made so they remain supportive of the project.
Needed more developmentally appropriate educational materials.	Spend time in advance modifying paperwork and educational aids to ensure that they have broad understanding.
There is no such thing is having too many bilingual staff.	The needs for bilingual staff are so great (they are needed in almost every area) that bilingual recruitment cannot be stressed enough. This needs to be heavily incorporated into all recruitment plans.
It worked well to have the press and VIP briefings removed from the exercise.	The press conference and VIP briefings were held on the second floor of the building, overlooking the exercise as it was unfolding. This was very helpful at not distracting staff who were busy seeing clients or trying to direct flow.
Have a system in place to ensure that medical license numbers are checked – or ensure that only licensed physicians/nurses are working.	In a true emergency, this would be very difficult to sort out in advance, but is necessary to ensure quality assurance and liability protection.
Ensure that a follow-up system for site checking and post-vaccination questions is in place before vaccinating any patients.	This was not done for the drill, but would absolutely be necessary in a real emergency.

VII. Conclusion

All around, this was a tremendously beneficial experience. The event brought staff members together from all over the health department created a high level of camaraderie among City/County workers. It served as a hands-on model by which we could clarify logistical issues, and it exposed many people to the type of work (and levels of exhaustion) that would exist in a real emergency.

By and large, the site layout model worked. The large, open space of the auditorium in particular was conducive to moving people through quickly and preventing any closed-in or fearful feelings. With the recommended modifications, we will continue to plan for the same general layout at other locations throughout the City. In addition, we will create staff registration systems, easy-to-use training curricula and protocols for clinical follow-up of vaccination takes and site care.

We will also continue to share our experiences and encourage other organizations to plan similar drills. The hands-on experience not only had a positive impact on program planning, it also had a positive impact on the staff and patients who participated, and helped to educate many people in the community about communicable disease.

Appendix Menu

Attachment 1---------Staff Estimates and Area Descriptions
Attachment 2---------Site Layout
Attachment 3---------Summary of Signs Used
Attachment 4---------Patient Data Collection Form for Time Motion Study
Attachment 5---------Staff Data Collection Form for Time Motion Study
Attachment 6---------June 17th Expenditures
Attachment 7---------Staff Registration Form
Attachment 8---------Patient Volunteer Flyers in English, Spanish, Chinese and Russian
Attachment 9---------Patient Registration Forms in English, Spanish, Chinese and Russian
Attachment 10-------Print Media Articles
Attachment 11-------Mayoral Letter
Attachment 12-------Summary of Patient Outreach and Marketing Strategies Used
Attachment 13-------Transcript of Educational Video Introduction
Attachment 13.5 ----Welcome to the Drill Piece in English, Chinese and Spanish
Attachment 14-------Medical History and Consent Form used in English, Spanish and Chinese
Attachment 15-------Health Education Materials used in Drill in English, Spanish and Chinese
Smallpox Vaccine Information Statement
Reactions After Vaccination
Vaccination Site Appearance and Care
Skin Conditions that Mean You Should Not Get Smallpox Vaccine
Weakened Immune Systems Mean You Should Not Get Vaccinated
Pregnancy and Breastfeeding Mean You Should Not Get Smallpox Vaccine
Smallpox Vaccine and Heart Problems
What You Should Know and Do if Someone You Are Close To gets Vaccinated
Attachment 16-------Document Needs for June 17th Drill
Attachment 17-------General Public Health Tips for Discharge in English, Spanish and Chinese
Attachment 18-------San Francisco's HIV Testing Sites
Attachment 19-------The June 17th Exercise Scenario
Attachment 20-------Agenda for June 16th Training of Area Leaders
Attachment 21-------Tip Sheet for Vaccinators
Attachment 22-------Tip Sheets for Medical Screeners
Attachment 23-------June 17th Staff Guidelines for the Day
Attachment 24-------The Patient Evaluation Form
Attachment 25-------The Staff Feedback Sheet
Attachment 26-------Full Report from James Bowman Associates and their Time Motion Study

All Job Action Sheets are also included in their own section.

Staffing for June 17th Exercise.

Area Letter	Area/Room	Purpose	# Staff	Classification Pool	Duties
A	**Queuing and Triage** (2 tables with chairs in lobby, two tables outside with chairs on sidewalk)	Patients will wait in one line outside, be handed an explanation of the day, roles to play and a "patient data collection form" for the PFA study. Once inside, they will be sorted and sent to appropriate stations	10	Sorters (could be any classification of people clinical staff is not necessary)	As people are walking through the door, sorters must ask up to four questions 1) Do you have a fever or rash? 2) Were you in Washington DC on June 8th? 3) Did you attend the symphony at the Kennedy Center on June 8th? 4) Are you a household member, a close friend, a close work contact or did you travel with anyone who attended the symphony at the Kennedy Center on June 8? Direct people to fever/rash (symptom) area, the contacts area, or the Station 1 for paperwork pickup. Most people will go to station 1. Sorters must also document time at beginning of questions and at end of questions onto the Patient Data Collection sheet. Patients that are Spanish speaking or Chinese speaking will be identified on their data collection sheet.
			3	Greeters	Stand outside and talk to people, keep the line in formation. Pass out Welcome document, the roles for people to play and the data collection forms (and number tags for PFA study) and thank them for coming. The language that they prefer their paperwork to be in should be documented on their data collection form. Patients who are non-English speaking or who have disabilities should not be offered roles to play. When patients get their data collection form, the time that they entered the line should be entered onto the form.
			8	runners/time keepers	These two functions can rotate. Time keepers can assist with documenting the time that patients get in line and runners will run errands for clinical triage staff - deliver messages.
			21	**Total**	
B	**Fever/rash area** (4 tables, 12 chairs, 3 cots)	Medical evaluations of individuals with fever and/or rash will be made. If the clinician feels that the client does not have smallpox (but may have the flu) they can be sent back to the clinic. We have not yet determined where those who have or likely have smallpox will go. In any event, they will only stay in this area until they can be transported home or to a medical facility for care.	1	MD or DO	Medically evaluate people. Use SFGH urgent care forms. Send people who do not have serious medical conditions back out to Paperwork Distribution Area (area D) to join the clinic exercise. Patients who do have serious medical conditions (i.e. potentially smallpox) will finish the exercise by going to Paperwork drop-off and collecting their thank you gifts.
			1	RN or PA	Assist with diagnoses - same job description as MD.
			1	Runner	Run errands, replenish supplies, escort patients to paperwork drop-off area.
			3	**Total**	
C	**Contact area** (5 tables, 15 chairs, 1TV/VCR combo)	Those individuals who are contacts to a case or suspected case will get counseling, education, fill out their paperwork and be vaccinated. If a contact has a contraindication to vaccine (HIV, contact dermatitis, etc), it will still be recommended that they get vaccinated. Cliniclans who are able to discuss the risks and benefits of vaccine must be part of this areas team	3	Disease Control or RNs or PAs or PHNs (at least 2 bilingual)	Document all contact and exposure history information, document the time that the patient enter and exits, educate regarding smallpox vaccine. Contacts do not have to use any real names but should give real information about their households. The forms that will be available are for contact history and tracing are CDC form 2D (for history and exposure) and CDC form 2B for contact tracing. Another generic SFDPH form (normal used for meningitis outbreaks) will also be available for contact tracing. Initiate the completion of Medical History and consent form and send to nurse for vaccination.
			1	MD	Discuss risks and benefits of vaccine with contraindicated patients. Serve as final arbiter in questions regarding disease investigation matters and vaccination of contacts.

Staffing for June 17th Exercise.

Area Letter	Area/Room	Purpose	# Staff	Classification Pool	Duties
			1	Vaccinator	Conduct patient education (discuss risks and benefits), show video if they want to see it, have clients complete history and consent form and vaccinate clients. This vaccinator will have to attend Vaccination training the morning of the event.
			2	Runners	document time when people walk out the door, replenish supplies, run errands for Contact area staff, be courteous, escort patients to paperwork drop-off area to collect their thank you gifts and collect all of their paperwork.
			7	**Total**	
D	**Station 1: Paperwork distribution** (4 tables, 10 chairs)	After being triaged, individuals will receive language appropriate paperwork in this area. The packets will include information on smallpox, smallpox vaccine, the risks and benefits of vaccine, registration materials, consent form, and a patient evaluation form. Every client must also receive a pen and all papers are paper-clipped to a cardboard backing.	10	Admin people, at least 1 Cantonese speaker and 1 Spanish speaker	Pass out stacks of paper to English speaker, Spanish speakers and Chinese speakers (stacks will be color coded), create new stacks of paper, attach stacks to pieces of cardboard with paperclips, give people pens to go with papers, direct people to Education Area.
			4	Runners	Replenish paper stacks, replenish cardboard backings and pens from paperwork drop-off area (Station 5). Go back and forth multiple times throughout the day, run errands for paperwork distributors, be courteous.
			14	**Total**	
E	**Station 2: Education Area** (52 chairs/room = 260, 10 chairs in hallway, 1 TV/VCR per room)	This area will have separate rooms or spaces for education in different languages. There will be three English rooms, 1 Spanish room and 1 Chinese room. For the English rooms, 50 patients will enter at a time. A video is shown and a proctor will be available to start and stop the tape. The proctor will also instruct people that they will have the opportunity to ask questions to screeners when they get to the next station, and tell people when they are leaving what time they should write on their time study sheet.	5	Proctors/Educators	Tell people they can begin reading their information and filling out their paperwork, announce that questions can be asked at the next station (the screening tables), turn on the VCR, rewind when finished, and announce the time that should be written on their time study form. The proctor will also help write times down on time study forms as people enter the room. When 50 people are in the room, the door should be closed and the video should start. The proctor will have to document start and stop times of the video to help with PFA study. One proctor will have to speak Cantonese and one will have to speak Spanish.
			3	Hall Monitors	These people will be stationed in the hall and direct patients to the proper education rooms. Patients who have white paperwork will go into the English room, blue paperwork will go into the Chinese room and people with goldenrod paperwork will go into the Spanish room. The hall monitors will also direct people whose hands have been stamped to go into the auditorium. Hall monitors may also have to assist patients with disabilities throughout the entire clinic. If this task gets to be overwhelming, assistance can be found with Data Entry staff or maybe Paperwork Distribution staff.
			5	Runners	At least one per education room to replenish supplies, send messages and help with time writing (when people enter) and hand stamping (when people exit). Runners in Spanish and English rooms should also check the times that English videos start and start their videos 5 minutes later to avoid more than 50 people exiting at once.
			13	**Total**	
	Screening Line Area (10 chairs)	When people exit the Education Area (Station 2), they enter the line for screening. This line will be facilitated by a number of monitors.	3	Line Monitors	Direct people coming from Education into the one screening line. Ask people if they are doing okay but say if they have any questions they should ask the screeners at the end of the line. People working the line must also be able to answer questions about the medical history and consent form and ensure that all hands are stamped of people in line.

Staffing for June 17th Exercise.

Area Letter	Area/Room	Purpose	# Staff	Classification Pool	Duties
F			4	Gate Keepers	Stand toward the end of the line and look at Patients' Medical History and Consent Forms. For patients that have no contraindications checked, send them to an "easy" screening table. For patients that have checked "yes" or "don't know" on any contraindications, send them to a "hard" table. Write times on data collection forms and be courteous to everyone. People with Blue or Goldenrod paperwork will have to be directed to Chinese or Spanish-speaking screeners, respectively
			2	Runners	Run errands for those working the line, alternate work functions if necessary.
			9	**Total**	
G	**Station 3: Screening Area** (20 tables, 43 chairs)	This area of tables is divided into "Hard" and "Easy" tables. The easy tables are for those patients who have no contraindications to vaccination. The hard tables are for those who have contraindications and/or questions regarding vaccination. The staff who are working at the tables need to be high-level clinicians who can advise about risks and benefits of vaccine to clients with various health issues. If patients are spending too much time at the hard tables, they should be directed to the Contraindication Counseling area to move people through the screening area quicker. The Screeners in the Screening area will ultimately sign off on the Medical History and Consent forms that people are cleared for vaccination, of they will tell the patients that they cannot be vaccinated and send them to the exit.	21	MDs or RNs (at least two bilingual) -	Look at Medical History and Consent form and discuss any contraindications that were checked. For those patients who should not be vaccinated send them either to the exit, or to the Contraindication Counseling area. Screeners need to go over section C of the Medical History and Consent form (page 4) to ensure that patients have had the opportunity to ask whatever questions they may have. Screeners then sign off on page 4 of the Medical History and consent form for any patient that has been cleared for vaccination. All screeners will also have to write the time that the patient enters and leaves their station. This number includes 18 screening stations and one "charge screener." For patients who have contraindications but insist on being vaccinated, put a sticker on the bottom of page 4 of Medical History and Consent Form that reads "+ CI - clear for vaccination"
			6	Runners	Replenish supplies for screeners, run errands for screeners, counselors or monitors. Watch the patients to ensure that they are going where they are told to go (vaccination area, counseling area or exit), answer questions courteously).
			27	**Total**	
	Contraindication Counseling Area (10 tables, 20 chairs, 10 chairs for waiting)	This area accepts the patients who are taking too long at Screening Tables and who need to discuss risks and benefits of vaccine to a greater extent than the Screeners. This area will also have to be staffed by high level clinicians and will have privacy screens set up.	10	RNs or MDs (two will have to be bilingual)	Accept patients who have come from the screening tables or who have come from the screening line but have not yet completed their paperwork. Assist them with paperwork completion (medical history and consent form), answer questions/concerns with patients regarding vaccination. Either direct them to the exit or the vaccination area after the discussion. For people who have contraindications, put sticker on pate 4 of med history and consent form that reads "+CI - cleared for vaccination." Write times that people enter and exit your station.
			2	Area monitors	Assist with directing patients to open stations who have come from either the screening tables or the screening line. If a patient has to wait for an open table direct them to a chair for waiting.
			12	**Total**	
H	**Vaccination Line Area** (4 chairs)	Those who are cleared for vaccination get in line.	4	Line Monitors	Double check vaccination forms to ensure that everyone in line has been cleared for vaccination. Write the time on people's time sheets at the end of the line. Point patients to an open vaccination station. Point patients with blue or goldenrod paperwork to Chinese or Spanish speaking vaccinators. Some pointers may also have to write the time when people exit the line.
			1	Runner	Run errands for those working the line.

Staffing for June 17th Exercise.

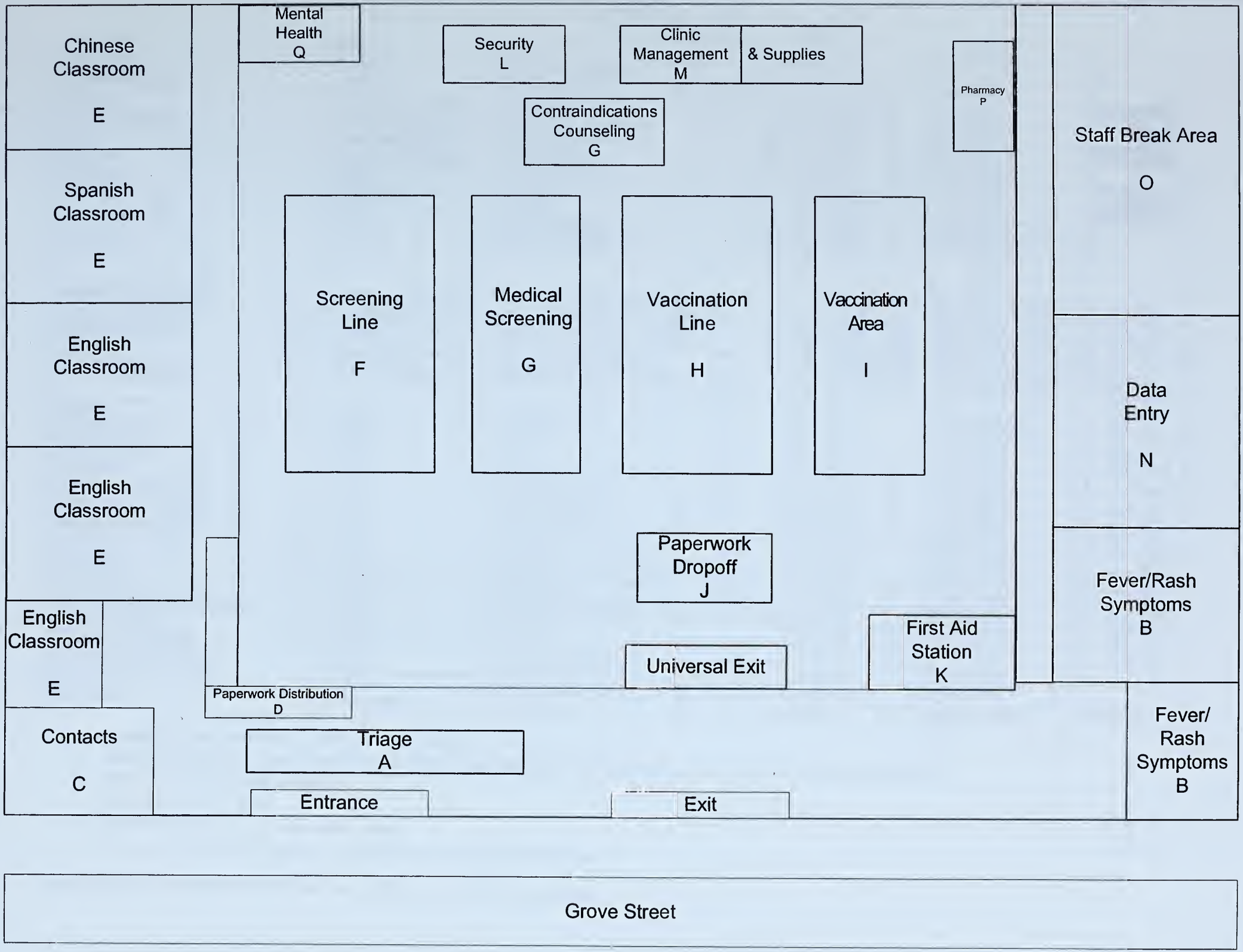
Area Letter	Area/Room	Purpose	# Staff	Classification Pool	Duties
			5	Total	
I	**Station 4: Vaccination Area** (16 tables, 99 chairs- 5 per station)	In this area, clients will be vaccinated and their wounds dressed. The goal is to have all questions answered prior to this area, so the vaccinators can focus solely on vaccinating	31	RNs, PHNs, LVNs, NPs, Pharmacists, MAs (preferably at least 4 are bilingual)	15 people vaccinate and 15 people dress wounds. The two groups can take turns switching duties. This estimate also includes a charge nurse to supervise entire vaccination area. Point out the site care information in the VIS packet before vaccinating. Put lot number sticker on Medical History and Consent Form, write initials as vaccinator (on page 1), write the time on the patient time sheets, then direct patients to the exit. Vaccinators will have to write the time that the patient is ready and dressers will write the time that the client is finished. They become one code.
			4	Runners	Bring over reconstituted vaccine from pharmacy area, run errands for vaccinators.
			35	Total	
J	**Station 5: Paperwork Drop-off** (6 tables, 12 chairs and 10 additional chairs)	At this station, clients will turn in all of their paperwork (medical history and consent form, patient evaluation form, cardboard backing and pen). They will receive a first aid kit gift, other promotional items and a certificate of appreciation	10	Paperwork Receivers	Thank people, separate their forms into different boxes (medical history and consent forms, patient evaluation forms, cardboard backings, pens etc). Give them promotional gifts and certificate of appreciation. Patients can fill in their own names or choose to wait for a calligrapher. Write final times on the time sheets and then collect them.
			2	Runners	Take stuff to data entry (patient evaluation forms) or back to the paperwork distribution area (pens, cardboard backings), run errands for paperwork receivers, help with writing times if necessary.
			1	Calligraphers	Write patient names on the certificates of appreciation
			13	Total	
K	**First Aid Area** (4 tables, 16 chairs, 5 cots)	This area is for patients who require medical attention after they enter the clinic. This could be due to fainting, shortness of breath, chest pain, etc. This area should be located in a place where there is easy ambulance access	1	RN	Care for people who need attention - should bring their own stethoscope. Use Urgent Care paperwork for record keeping. Document time in and time out on data collection form
			1	runner	Run errands for First Aid Area
			1	MD	Care for people who need attention - should bring their own stethoscope. Use Urgent Care paperwork for record keeping. Document time in and time out on data collection form
			3	Total	
L	**Security Area** (5 tables, 10 chairs)	This area will have a telephone. The safety officer and controllers and other monitors can use this area if needed.			
			0	Total	
M	**Clinic Site Administration / Management** (6 tables, 12 chairs)	The central office for the site. Serves as central information area and overseer of all site activities. This area also oversees the central supply area, including office and clinical supplies and paperwork. This area will also have a telephone to the outside.	2	Site Managers	They act as a good team. These are the point people for all matters related to the staffing/flow, education, supplies etc. of the vaccination clinics.
			2	Supply Clerks	Have lists of all leftover supplies that are not already distributed to other stations. Give to runners/personnel who come asking for more and subtract from the total. Contact the Clinic Manager if more supplies are needed.
			1	Housekeeper	Transport medical waste, clean up any accidents.
			2	Runners	Run errands for managers or supply clerks.
			6	Total	
N	**Data entry** (10 tables, 20 chairs)	Data entry of patient evaluation and staff evaluation forms. It has not yet been decided if data entry will take place around the Medical History and Consent Form.	9	Data Entry – Typists	Perform data entry on stand alone computers in an Access program created for patient evaluation forms. Exercise accuracy and speed.
			1	Data Entry Supervisor	Oversee data-enterers and explain Access forms for entering information. Be available for questions.
			2	Runners	Collect forms from other sites on the floor (paperwork drop-off, contacts area and symptoms area), run errands for data enterers.

Staffing for June 17th Exercise.

Area Letter	Area/Room	Purpose	# Staff	Classification Pool	Duties
			12	Total	
O	Staff Break Area (6 tables, 48 chairs)	A place for staff to eat and rest during their shifts. This area will have three telephones.	2	Runners	Replenish supplies, clean up room as necessary
			2	Total	
P	Pharmacy Area (2 tables, 4 chairs)	Area for people (pharmacists or nurses) to focus solely on the vaccine and its reconstitution.	2	Pharmacists	Reconstitute and prepare vaccine. If 500 people each hour, that means 5 new vials each hour. Wear personal protective equipment (I.e. gloves and goggles) for vaccine reconstitution.
			1	Runner	Run errands for pharmacists
			3	Total	
Q	Mental Health Area	Talk to people who may be panicking or irrational. Calm them and direct them to the next appropriate place.	4	Mental Health Counselors	Document time that patients arrive and leave. Console them, calm them, talk to them and direct them to next appropriate station or to the exit.
		Grand Total	190		

Classification Pool	Job Classifications	Total Needed	Increase by 20% for recruiting	# Bilingual Needed
A - Clinical Level - Nursing or MD or Pharmacist.	RN, PA, MA, Pharmacist, MD, DO, NP - combines red and blue jobs	70	84	17
C - Admin / Communication Level/nonlicensed	Health Policy People, HWs, Coordinators, Mental Health, PT Students, OT Students, Pharm Students, Teachers	67	80	16
D - Runners	Clerical People, Students, Teachers,	43	52	10
F - Manager/Director Level	Current supervisors, managers, Administrators	2	2	0
I - Housekeeping Level	Volunteers, trained custodians, school staff, people who know of infection control principles	1	1	0
Disease Control Investigators	People with epi backgrounds	3	4	1
Mental Health Counselors	Mental Health Counselors	4	5	1
	Grand Total	190	223	45

Post June 17 options: Add **at least two** security staff to each area (34 additional security/monitors), add more mental health counselors (app. 4), potentially decrease number of vaccinators and data entry is optional. Brings grand total to approximately 228.


Chinese Classroom E
Spanish Classroom E
English Classroom E
English Classroom E
English Classroom E
Contacts C
Mental Health Q
Security L
Clinic Management M
& Supplies
Pharmacy P
Contraindications Counseling G
Screening Line F
Medical Screening G
Vaccination Line H
Vaccination Area I
Staff Break Area O
Data Entry N
Fever/Rash Symptoms B
Paperwork Dropoff J
First Aid Station K
Universal Exit
Paperwork Distribution D
Triage A
Entrance
Exit
Fever/ Rash Symptoms B
Grove Street

Instructions for Reproductions re: Signs for June 17th Event

- 31 PDF files are on disk to correspond with the table below.
- Please print 11 x 17s on card stock.
- Use high resolution.
- Call 554-2837 if any issues.
- Please develop proofs before completing the work (of at least one 11 x 17 and at least one poster)
- Project is time limited – must be complete by June 6.

Sign Text	Language	File Name	Size	Paper Source	Quantity
Education	Chinese	Chinese Education	11 x 17	Card stock	2
Clinic Management	English	Clinic Management	11 x 17	Card Stock	2
Command & Control	English	Command Control	11 x 17	Card Stock	2
Contacts Area	English	Contacts	11 x 17	Card Stock	3
Contraindications Counseling	English	ContraindCounseling	11 x 17	Card Stock	4
Data Entry	English	Data Entry	11 x 17	Card Stock	3
Education	English	Education	11 x 17	Card Stock	6
First Aid	English	First Aid	11 x 17	Card Stock	2
Medical Screening	English	MedScreening	11 x 17	Card Stock	12
Paperwork Distribution	English	PaperworkDist	11 x 17	Card Stock	8
Paperwork Drop-Off	English	PaperworkDropoff	11 x 17	Card Stock	5
Pharmacy	English	Pharmacy	11 x 17	Card Stock	2
Press Level 2	English	Press	11 x 17	Card Stock	3
Screening Line	English	Screening	11 x 17	Card Stock	6
Security	English	Security01	11 x 17	Card Stock	3
Paperwork Distribution	Eng/Span/Chinese	SignTrilingualPaperworkDist	20 x 36 (poster)	Mounted on foam	2
Education	Eng/Span/Chinese	SignTrilingualEducation	20 x 36 (poster)	Mounted on foam	2
Medical Screening	Eng/Span/Chinese	SignTrilingualMedScreening	20 x 36 (poster)	Mounted on foam	2
Paperwork Drop-Off	Eng/Span/Chinese	SignTrilingualPaperworkDropoff	20 x 36 (poster)	Mounted on foam	2
Paperwork Distribution	Eng/Span/Chinese	SignTrilingualVaccincationStation	20 x 36 (poster)	Mounted on foam	2
Education	Spanish	Spanish Education	11 x 17	Card Stock	2
Staff Break Area	English	StaffBreakArea	11 x 17	Card Stock	4
Supplies	English	Supplies	11 x 17	Card Stock	8
Symptoms	English	Symptoms	11 x 17	Card Stock	3
Entrance	Eng/Span/Chinese	TrilingualEntrance	11 x 17	Card Stock	8
Exit	Eng/Span/Chinese	TrilingualExit	11 x 17	Card Stock	8
Not an Entrance	Eng/Span/Chinese	TrilingualNoEntrance	11 x 17	Card Stock	8
No Exit	Eng/Span/Chinese	TrilingualNoExit	11 x 17	Card Stock	8
Vaccination Line	English	VaccinationLine	11 x 17	Card Stock	6
Vaccination	English	VaccinationStation	11 x 17	Card Stock	10
VIPs Level 2	English	VIP2	11 x 17	Card Stock	3

PFA

San Francisco DPH Smallpox Disaster Drill – June 17, 2003

Client ID Number **0001**

Language (Check one): ☐ Chinese ☐ English ☐ Spanish

Subclassification: ☐ Fever ☐ Rash ☐ Contact

Time of Arrival: ___:___ M

Time of Departure: ___:___ M

Contraindications: ☐ Yes

Client Service Contacts

No.	Staff ID	Start	End
1		___:___ M	___:___ M
2		___:___ M	___:___ M
3		___:___ M	___:___ M
4		___:___ M	___:___ M
5		___:___ M	___:___ M
6		___:___ M	___:___ M
7		___:___ M	___:___ M
8		___:___ M	___:___ M
9		___:___ M	___:___ M
10		___:___ M	___:___ M

Client Service Contacts Continued on Back

Video Room

Room ID	Arrival	End
	___:___ M	___:___ M

Client Service Contacts (*continued*)

No.	Staff ID	Start	End
11		: M	: M
12		: M	: M
13		: M	: M
14		: M	: M
15		: M	: M
16		: M	: M
17		: M	: M
18		: M	: M
19		: M	: M
20		: M	: M

Client Unavailable

Reason Unavailable	Start	End
	: M	: M
	: M	: M

Notes: _____

_____

_____

_____

_____

PFA

San Francisco DPH Smallpox Disaster Drill – June 17, 2003

Name: _____

Staff ID (4 characters):	SG01
Official Designation:	
Primary Clinic Task:	
Time You Are First Available to Serve Clients:	___ : ___ M
Time You Are Done Serving Clients:	___ : ___ M

UNAVAILABLE

Reason Unavailable	Start	End
	___ : ___ M	___ : ___ M
	___ : ___ M	___ : ___ M
	___ : ___ M	___ : ___ M
	___ : ___ M	___ : ___ M

Note: Unavailable periods are breaks 15 minutes or longer and must fall between "Time You Are First Available" and "Time Done Serving Clients."

June 17, 2003 Disaster Drill
NON-PERSONNEL EXPENDITURES
FY02-03

10/3/2003
4:17 PM

Vendor	Description	Qty	Unit Cost	Total Amount	sales tax	delivery/freight	Total Invoice Amount
Medline through AIC purchases	10 cases of synthetic gloves, medium for June 17th			500.00	42.50		542.50
Professional Hospital Supply	Various medical suplies for June 17th		1,124.62	1,124.62	95.59	65.00	1,285.21
	Gloves, medium, 1,000ea/cs	13	49.45	642.85			
Broadline Medical Systems	Gloves, large, 1,000ea/cs	2	49.45	98.90	63.05		804.80
	Total Medical Supplies						**2,632.51**
Industrial Safety Supply Corporation	Pinnies, barricade tapes, and delineator posts for June 17th	1	1,783.90	1,783.90	151.63		1,935.53
MSI #62887	Various supplies for June 17th		2,239.83	2,239.83	211.87		2,451.70
MSI #69014	Brown chipboard	3	30.40	91.20	7.75		98.95
MSI #69017	Various supplies for June 17th		310.11	310.11	26.36		336.47
Patrick & Co.	custom x-stamper for June 17th		282.90	282.90	24.05		306.95
Mail-Well Envelope	4,000 - #10 envelopes with return address for June 17th						72.26
	Total General Supplies, Pinnies, Barricade Tape, and Delineator Posts for June 17th						**5,201.86**
Angotti Healthcare System	ambulance standby for June 17th	1	900.00	900.00			900.00
SF Convention Facilities	Building rental fee, telecommunications equipment, audio visual equipment rental for for June 17th	1	7,218.66	7,218.66			7,218.66
Champion Exposition Services	labor services & rental of 8' high blue drape for June 17th	1	3,000.00	3,000.00			3,000.00
	Rent, rented equipment, ambulance						**11,118.66**
Reproductions	Job numbers 95128, 103640, 100484-100487, 100493, 100496-100503, and 101206-101211		3,423.60	3,423.60			3,423.60
IEC	various translation for June 17th	1	2,974.72	2,974.72			2,974.72
IEC	Translate volunteer flyers to Chinese & Spanish for June 17th						80.00
IEC	Translate volunteer flyers to Russian for June 17th						40.00
IEC	videotape translation from English to Cantonese for June 17th		1,585.00	1,585.00			1,585.00
DTIS	taping the introductions to the CDC videotape for June 17th	1	363.00	363.00			363.00
	Materials translation and reproduction						**8,466.32**
Hall Promotions	Watches for June 17th	1	965.00	965.00	82.02		1,047.02
Spotlight Promotions	1,500 - First aid kits for June 17th	1,500	1.49	2,235.00	189.98		2,424.98
SFGH	1,500 power bars/energy bars		1,446.00	1,446.00			1,446.00
	Volunteer incentives, watches						**4,918.00**
	water jugs for June 17th		45.00	45.00			45.00
SF Convention Facilities	food & beverage for June 17th	1	4,737.12	4,737.12			4,737.12
	Food, water, beverage for staff						**4,782.12**
		Total Direct Expenitures for June 17th Exercise					**37,119.47**
Desktop Products	HP Laserjet 2300DN Printer	1	1,125.00	1,125.00	95.63		1,220.63
	Dell Latitude x200 Notebook MHz	1	2,859.00	2,859.00			
MicroMenders/GC Micro	LP130 Projector: 1100 Lumens XGA 1024X768 3.0lbs for June 17th	2	2,339.00	4,678.00	640.65		8,177.65
Desktop Products	laptops (10) & carrying cases for June 17th		22,459.50	22,459.50			22,459.50
Desktop Products	wireless service for June 17th		1,264.03	1,264.03			1,264.03
Alfred Williams Consultancy	PR consultant for June 17th		10,000.00	10,000.00			10,000.00
James Bowman Associates	throughput report		15,000.00	15,000.00			15,000.00
					Grand Total		**95,241.28**

City and County of San Francisco | Department of Public Health

STAFF SIGN-UP
JUNE 17, 2003 PRACTICE EXERCISE

FAX TO (415) 206-2303

Name:_____

Telephone: _____ Email: _____

***For patient volunteers (time you begin volunteer)*:**

☐ 10:00 am ☐ 11:00 am ☐ noon ☐ 1:00 ☐ 2:00 pm

Supervisors name and contact number: _____ -

Supervisors signature: _____

Languages spoken: _____

For staff volunteers only **☐ 8:00 am-5:00 pm**

Your Job Classification/Skills:

☐ Clinical Staff: ☐ RN, ☐ PA, ☐ MA, ☐ MD, ☐ PharmD

☐ Non-clinical Staff: ☐ Administrative, ☐ Clerical

☐ Translation *(specify language)*_____

Supervisors name and contact number: _____ -

Supervisors signature: _____

I will also be bringing (Please include names and contact information):

_____

_____

_____

_____

自願患者報名表
2003 年 6 月 17 日實踐演習

請傳真至 (415) 206-2303

姓名：_____

地址：

_____

_____

電話號碼：_____ 電郵地址：_____

您可參與的時間：

☐ 上午 10:00 ☐ 上午 11:00 ☐ 中午 ☐ 下午 1:00 ☐ 下午 2:00

您所講語言：_____

我還將帶來（請附帶姓名與聯絡資料）：

_____

_____

_____

_____

City and County of San Francisco

San Francisco Department of Public Health Needs 2,000 Volunteers

On June 17, 2003 the San Francisco Department of Public Health will conduct a **practice exercise** to test our ability to respond to a public health emergency.

To best simulate a real event, we need **2,000 volunteers** representative of the diverse population of our City: families, the elderly, children, people with disabilities, non-English speakers, etc.

The practice exercise will be held at:

Bill Graham Auditorium
99 Grove St. (& Larkin St.)
Tuesday, June 17, 2003

Volunteers will be asked to participate for **2 hour slots between the hours of 10:00 AM and 4:00 PM** and

- √ Participate in a short educational session
- √ Fill out paper work
- √ Pretend to be vaccinated (Q-tips will be used)
- √ Gifts and prizes for all volunteers (Donated by SFGH Volunteers) !!!

If interested, contact:

Judith Klain, Logistics Chief
San Francisco Department of Public Health
(415) 206-2358
Judith.S.Klain@sfdph.org

Your participation will help the City be fully prepared to meet the needs of San Franciscans in the event of a real health emergency!

City and County of San Francisco

Управлению общественного здоровья Сан-Франциско нужны 2000 добровольцев

17 Июня 2003 г. управление общественного здоровья Сан-Франциско (San Francisco Department of Public Health) будет проводить **практические занятия** с целью проверки нашей способности адекватно реагировать на несчастные случаи, угрожающие общественному здоровью.

Для того, чтобы симулировать наиболее реальные условия для такого события, нам нужно **2000 добровольцев**, представляющих разнообразные соициальные группы населения нашего города: семьи, престарелые, дети, инвалиды, не владеющие английским языком и т.д.
Практические занятия будут проходить по адресу:

Bill Graham Auditorium
99 Grove St. (& Larkin St.)
Вторник, 17 июня 2003 г.

Добровольцам будет предложено принять участие **в двухчасовых сессиях в промежутке между 10:00 и 16:00**, а также

- √ принять участие в короткой образовательной программе
- √ заполнить бумаги
- √ симулировать получение прививки (будут использованы ватные палочки)
- √ добровольцы получат подарки и призы!!!

Если Вас заинтересовало предложение, свяжитесь с:

Judith Klain, Logistics Chief
San Francisco Department of Public Health
(415) 206-2358
Judith.S.Klain@sfdph.org

Ваше участиепоможет городу подготовиться в полной мере к нуждам жителей Сан-Франциско в условиях настоящего несчастного случая!

City and County of San Francisco

El Departamento de Salud Pública de San Francisco Necesita a 2,000 Voluntarios

El día 17 de junio de 2003 el Departamento de Salud Pública de San Francisco llevará a cabo un **ejercicio de práctica** a fin de probar nuestra capacidad para responder ante una emergencia de salud pública.

Para simular mejor un evento real, necesitamos a **2,000 voluntarios** representativos de la diversidad de la población de la Ciudad: familias, personas mayores, niños, personas con incapacidades, personas que no hablan inglés, etc.

El ejercicio de práctica se llevará a cabo en el:

Auditorio Bill Graham
99 Grove St. (con Larkin St.)
Martes 17 de junio de 2003

Se les pedirá a los voluntarios que participen por **períodos de 2 horas entre las 10:00 AM y 4:00 PM** y que

- √ Participen en una sesión educacional breve
- √ Llenen algunas formas
- √ Participen en un simulacro de vacunación (se usarán cotonetes Q-tips)
- √ ¡¡¡Habrá regalos y premios para los voluntarios!!!

Si está interesado, comuníquese con:

Judith Klain, Jefe de Logística
Departamento de Salud Pública de San Francisco
(415) 206-2358
Judith.S.Klain@sfdph.org

¡Su participación ayudará a la Ciudad a estar totalmente preparada para responder a las necesidades de los residentes de San Francisco en caso de una emergencia real de salud pública!

City and County of San Francisco

三藩市公共衛生局現需 2000 名自願者

三藩市公共衛生局將於 2003 年 6 月 17 日進行一次實踐演習，以測試我們對公共衛生緊急情況的響應能力。

爲更好地模擬真實事件，我們需要 2000 名自願者代表本市各種人群：家人、老年人、小孩、殘障人士、非英語交流者等。

實踐演習舉辦地點與時間：

Bill Graham Auditorium
99 Grove St. (& Larkin St.)
2003 年 6 月 17 日

自願者將按要求在上午 10:00 至下午 4:00 期間參加 2 個小時活動，並且

- √ 參加簡短的教育會議
- √ 填寫文書工作
- √ 接種疫苗演習（要使用棉花棒）
- √ 自願者會得到禮物與獎利！！！

如您有興趣參與，請聯絡：

後勤部長 Judith Klain
三藩市公共衛生局
(415) 206-2358
Judith.S.Klain@sfdph.org

您的參與將有助於本市在面臨真正衛生緊急情況時作好充分準備，以符合三藩市人民的需要！

自願患者報名表
2003 年 6 月 17 日實踐演習

請傳真至 (415) 206-2303

姓名：_____

地址：

_____

_____

電話號碼：_____ 電郵地址：_____

您可參與的時間：

☐ 上午 10:00 ☐ 上午 11:00 ☐ 中午 ☐ 下午 1:00 ☐ 下午 2:00

您所講語言：_____

我還將帶來（請附帶姓名與聯絡資料）：

_____

_____

_____

_____

PATIENT VOLUNTEER SIGN-UP
JUNE 17, 2003 PRACTICE EXERCISE

FAX TO (415) 206-2303

Name:_____

Address:_____

_____

Telephone: _____ Email: _____

Time you begin volunteer:

☐ 10:00 am ☐ 11:00 am ☐ noon ☐ 1:00 pm ☐ 2:00 pm

Languages Spoken: _____

I will also be bringing (Please include names and contact information):

_____

_____

_____

_____

ЗАПИСЬ НА ДОБРОВОЛЬНОЕ УЧАСТИЕ

В ПРИКТИЧЕСКИХ ЗАНЯТИЯХ 17 ИЮНЯ, 2003 Г

ОТПРАВЬТЕ ФАКСОМ ПО НОМЕРУ (415) 206-2303

Имя:_____

Адрес:_____

_____

Телефон: _____ Е-почта(Email): _____

Время, когда Вы начнете принимать участие:

☐ 10:00 ☐ 11:00 ☐ 12:00 ☐ 13:00 ☐ 14:00

Языки, на которых Вы говорите:_____

Со мной также прибудут (Пожалуйста, укажите имена и контактную информацию):

_____

_____

_____

_____

INSCRIPCIÓN DE PACIENTES VOLUNTARIOS
EJERCICIO DE PRÁCTICA DEL 17 DE JUNIO DE 2003

ENVIAR POR FAX AL (415) 206-2303

Nombre:_____

Dirección:_____

_____

Teléfono: _____ Correo electrónico:_____

Hora en que empieza como voluntario:

☐ 10:00 am ☐ 11:00 am ☐ mediodía ☐ 1:00 pm ☐ 2:00 pm

Idiomas que habla: _____

También traeré conmigo a (Por favor incluya los nombres e información de contacto):

_____

_____

_____

_____

Disaster drills

S.F. in need of volunteers for mock vaccination

BY J.K. DINEEN
Of The Examiner Staff

In what will likely be the largest emergency vaccination drill in history, the Department of Public Health is gearing up for a mock health disaster exercise that will involve as many as 2,000 volunteers.

The June 17 drill, which is being paid for with federal funds, is aimed at helping prepare public health workers to respond to a massive health emergency.

Thus far the DPH has 800 volunteers lined up, according to Amy Pine, immunization program manager for the department.

Many more volunteers are needed, however.

"We need individuals from all over The City who reflect the diversity of people who live and work here," Susan Fernyak, MD, director of communicable and infectious diseases, said in a release. "We're looking for families, elderly, children, people with disabilities, and mono-lingual Spanish and Cantonese speakers to help us train our staff to respond to any number of medical emergencies."

Since the attacks of 9/11 and the anthrax scare that followed, public health officials across the country have been holding exercises to simulate the worst that could occur should this country be attacked by bio-terrorist weapons. Seattle did a dirty bomb simulation; Chicago did an exercise of what would happen if a plague were to break out.

In the event of an outbreak of any number of communicable diseases, The City needs to be able to vaccinate as many as one million individuals within a five-day period, Pine said.

"We can only go so far in planning our response," said Fernyak. "Now we need to challenge ourselves with a drill and see where we need to make adjustments."

Pine said the drill should help prepare The City for an outbreak of influenza, meningitis, anthrax, or smallpox.

Volunteers will not be stuck with any real needles (plastic coffee straws will be used) nor will they be expected to disclose any real medical information (although some will be asked to simulate various illnesses.) The volunteers will receive some sort of gift and will be entered into a raffle for larger prizes.

"I think every heath department across the country has had to focus more on bio-terrorism and think about post-event planning," said Pine. "For something like small pox, in a worse case scenario, we'd have to immunize 1 million people in five days."

The mock exercise will take place Tuesday, June 17 at Bill Graham Auditorium, 99 Grove St at Larkin, beginning at 10 a.m. - 3 p.m. Interested volunteers should call 206-2358.

E-mail: jdineen@examiner.com

San Francisco Chronicle June 13, 2003

S.F. seeks 2,000 volunteers for emergency-readiness test

CHRONICLE STAFF REPORT

San Francisco is looking for 2,000 volunteers to help Department of Public Health workers test the city's readiness to give smallpox vaccines to large numbers of people on short notice.

On Tuesday, from 10 a.m. to 3:45 p.m., volunteers will be asked to show up at the Bill Graham Civic Auditorium and pretend to get vaccinated against the deadly disease. Those who want the real thing will be disappointed: They'll roll up their sleeves and have a coffee stirrer rubbed against their skin.

The purpose of the drill is to test the city's ability to handle large crowds at an emergency clinic. "We're thinking we can move 300 patients an hour," said Dr. Susan Fernyak, director of communicable disease prevention.

Fernyak said volunteers should sign up in advance by calling (415) 206-2358, but the city will be happy to serve up imaginary vaccines to anyone who just shows up on time.

OFFICE OF THE MAYOR
SAN FRANCISCO

WILLIE LEWIS BROWN, JR.

June 3, 2003

Dear CCSF Employee,

On June 17th, the Department of Public Health (DPH) will be conducting a practice exercise to test the City's ability to respond quickly to a health emergency. During this particular exercise, DPH staff will set up a mass clinic to provide mock vaccinations (saline drop on a Q-tip) to over 2,000 volunteers. This type of clinic would be set up to vaccinate San Francisco residents in the event of a flu epidemic or a release of smallpox, or to provide antibiotics for protection against meningitis, anthrax or other health emergency.

All City and County Employees are disaster workers and could be called in to work if such a health emergency occurred. In order to gain familiarity with disaster procedures and to ensure the success of this exercise, I would like City and County staff to volunteer as mock patients. Staff can volunteer from their normal job, with their supervisor's approval, and be paid as is if they were performing their usual job duties.

The practice exercise will be held at:

Bill Graham Auditorium
99 Grove St. at Larkin St.
Tuesday June 17, 2003

The exercise will begin at 10 am and run until 4pm. Once you have obtained your supervisor's approval, please sign-up for a 2-hour session by **Friday, June 5th**. Information on the event and sign-up forms can be found on the DPH website at http://www.dph.sf.ca.us/chn/June17Drill.htm. For additional information, contact Judith Klain, at (415) 206-2358, or Judith.S.Klain@sfdph.org.

Thank you for supporting our preparedness efforts for San Francisco. This practice exercise will help ensure that our City is ready to face a wide variety of health emergencies.

Sincerely,

Willie L. Brown Jr.
Mayor

CITY HALL, 1 DR. CARLTON B. GOODLETT PLACE, SAN FRANCISCO, CALIFORNIA 94102
(415) 554-6141
RECYCLED PAPER

Recruitment and Outreach Activities

Material Preparation

- ❑ Develop Outreach Flyer
- ❑ Develop Recruitment Letters—(1) SFDPH staff, and (2) community partners
- ❑ Translate all materials into 4 languages (1) English, (2) Spanish, (3) Chinese, (4) Russian
- ❑ Solicit donations to be used as incentives including:

SFGH Volunteers	$500
Safeway gift card	$100
CompUSA gift card	$100
One Market Restaurant gift certificate	$50
Old Navy gift card	$50
Nordstroms gift card	$50
Circuit City gift card	$50
AMC Theaters gift card	$25
AMC Theaters gift card	$25
Warehouse Music gift card	$25
Borders gift card	$25
Foot Locker gift card	$25
3M gift basket	$25
3M gift basket	$25
3M gift basket	$25
3M gift basket	$25
3M gift basket	$25
Gap gift card	$20
Gap gift card	$20
Gap gift card	$20
Gap gift card	$20
Gap gift card	$20
KB Toys gift card	$15
Payless Shoes gift card	$10
Togo's gift certificate	$5
Togo's gift certificate	$5
Togo's gift certificate	$5
Togo's gift certificate	$5
Togo's gift certificate	$5
Blockbuster free rental	#?
First-aid Kits	-
Certificate of appreciation	-

Radio

PSAs submitted to:

- KOIT 96.5 FM: DPH Event does not qualify; sent submission asking for exemption
- KDFC 102.1 FM: PSA Submitted
- KBLX 102.9 FM: PSA submitted
- KFOG 104.5 FM: Refused submission
- KITS 105.3 FM: PSA submitted asking exemption from month prior deadline

- KMEL 106.1 FM: PSA submission asking exemption on requirement for 4wk notice and 501c documentation.
- KEAR 106.9 FM: PSA submitted
- KSAN 107.7 FM: Refused submission
- KEST 1450 AM: PSA submitted
- KSFO 560 AM: PSA submitted
- KNBR 680 AM: Refused submission
- KCBS 740 AM: PSA Submitted asking exemption from 4wk notice requirement
- KGO 810 AM: PSA Submitted
- KQED 88.5 FM: Refused PSA and Calendar submissions
- KDNZ 880 AM: PSA submitted
- KPOO 89.5 FM: Pending response on PSA submission guidelines
- KUSF 90.3 FM: PSA submitted
- KALW 91.7 FM: PSA submitted
- KKWV 93.3 FM: PSA and calendar items submitted
- KYLD 94.9 FM: Pending response on submission guidelines
- KZQZ 95.7 FM: Currently running
- KLLC 97.3 FM: PSA submitted asking exemption from the month prior deadline
- KISS 98.1 FM: PSA and calendar item submitted
- KFRC 99.7 FM: PSA submitted

Continue to research public and commercial radio stations for possible PSAs.

Free Announcements and Web Posting

Posted on Craigslist—updated every other day

Posted on SFGH Volunteers Website

Posted on SF Volunteers Website

Sent to SF Neighborhood Newspaper Assosciation—Run in the Independent and neighborhood papers

Article in Examiner

Article in SF Chronicle

Article in Noe valley voice

Article in Independent

Posting on SFUSD newsletter

Bay Area Reporter community calendar notice submitted

Posted on Hands on San Francisco website (volunteer org.)

Posted on NERT newsletter and website

Paid Advertising

Examiner: Final art submitted; running Friday, June 13, 2003 and Monday June 16, 2003

AsianWeek: Final art submitted; running Thursday June 13, 2003

Bay View: Final art submitted; running Wednesday June 11, 2003

Task Activity Description
Mail / Phone / Email / Fax Outreach and Appearances
Mailing to over 1,000 Bay Area community agencies, churches, DPH contractors and individuals. Mailing were done two times: April 15, 2003 and June 2, 2003.
Letters sent in pay checks to all City and County employees (20,000?)
Letters sent to all city department heads
Announcement at Mayors Neighborhood Liaison meetings
Email outreach and flyer to San Francisco Organizing Project
Phone contact and flyer faxed to Jones UMC; Providence Baptist; Third Baptist, Glide Methodist for posting, inclusion in church bulletin and announcement at services.
Phone contact and email to Hands on San Francisco to announce to their volunteers.
Phone contact with Boys and Girls Clubs, Boy Scouts, Girl Scouts, Youth Making a Change, Walden House, Progress Foundation, Baker Places, Tattoo Removal Project, Sheriffs SWAP, 20/20 Program, Senior Centers, Senior Action Network, Planning for Elders, Laguna Honda Hospital, NICOS, Chinese Hospital, Mission Economic Development, and other ethnic specific programs
Email to Archdiocese, Catholic High School, SFUSD, UCSF, SFGH; CCSF Newspapers, UCSF Med students, specific outreach to nursing programs at USF, UCSF,
Mailers: to contact list of ± 145 religious, labor, youth oriented, civic, senior oriented, educational, labor and non
Appear at neighborhood assosciation meetings (40+ participants)and NERT (100+ participants) event to announce event
Announce event and pass out flyers at Tenderloin Community Forum (± 45 participants) 5/28
Announce event and pass out flyers at ROSES Community Forum (± 25 participants)
Announce event at District 7 Town Hall Meeting and pass out flyers
Phone contact and faxed flyer to all 10 Police Districts: discussed outreach by Police officers with Captains (through SROs, community contact etc…)
Leaflets
Distributed 5000 Leaflets to 39 office buildings and City Departments around the Civic Center area
6000 leaflets placed on 700 MUNI buses in the "Take One" box
Flyers and posters distributed to the Main Library and 28 libraries throughout the City
Flyers distributed at Bayview Rotary and Bayview Merchants Association meetings.
SFDPH Internal Communication
Played bi-weekly on SFGH phone communication system
Sent out in Dr. Katz Fast Facts 4 times
Presented at SFGH Managers Forum (3 times), SFGH Exec Staff, Community Programs Exec Staff, LHH Exec Staff, various staff meetings, Cabinet meetings, and other internal communication systems.
Listed in Primary Care Spectrum Newsletter

Welcome! 歡迎! *¡Bienvenido(a)!*

Welcome and thank you for coming today. By being a part of today's drill, you are helping San Francisco get ready for many possible public health emergencies, from a flu outbreak to a bioterrorism event such as a release of anthrax or smallpox. Today we are focusing on smallpox vaccination and how quickly we can vaccinate hundreds of people. Here are some specifics of the day:

- You may be asked to play a specific role (this is optional).
- Once inside, you will be directed by staff wearing blue or red vests to a number of stations including:
  - Paperwork Distribution
  - Education – where you will watch a short video
  - Screening – where you can ask questions about smallpox vaccine
  - Vaccination – where you will receive a pretend vaccination with a small straw and water
  - Paperwork Drop-off
- At the end of the exercise, please accept a small thank-you gift.
- Turn in the Patient Evaluation Form that will be entered into a raffle for bigger prizes.

You will also be given a numbered sticky tag to wear while you're here. This tag, along with a timesheet, will help us evaluate the efficiency of the exercise.

Thank you again for your support and cooperation!

歡迎及多謝您今天的來臨.您今天參與的演習將有助於三藩市,在面臨真正衛生緊急的情況,好像流感疾病爆發,炭疽菌或天花病毒生化恐怖襲擊時作好準備.今日,我們將集中在天花疫苗的演習,及嘗試計算為數以百計市民接種疫苗所需的時間.以下是有關今天演習的說明:

- 你可能被邀請扮演其中一個角色 (這是非必須的).
- 入內後,你將被穿上紅或藍色背心的職員指示到以下各站,包括:
  - 文件派發
  - 教育–您將在這裡觀看簡短教育錄影帶
  - 醫療審查–您可在這裡詢問有關天花疫苗的問題
  - 接種疫苗–您將在這裡,利用一枝小的吸管及水,模擬被接種疫苗
  - 文件收集
- 在活動完結後,為表示我們對你的感謝,請接受我們一份小禮物.
- 遞交〔病人評估表〕可參加抽獎,可能獲得更豐富的獎品.

在進行活動時,每人將獲派發一個印有數字的標簽戴上.我們將利用此標簽及時間記錄表計算活動所需的時間.

再次感激您的支持與合作!

¡Bienvenido (a)!

Bienvenido(a) y gracias por venir hoy. Al participar Ud. en nuestra práctica de hoy, Ud. contribuye para que San Francisco esté preparado para diferentes posibles emergencias de salud pública; tales como, epidemias de gripe o meningitis, o casos de bioterrorismo en el cual se podría esparcir el ántrax o la viruela. Hoy nosotros nos estamos enfocando en la vacunación contra la viruela, y en cómo podemos vacunar rápidamente a cientos de personas. A continuación le explicamos lo que se hará hoy:

- A Ud. se le pedirá que participe en la práctica de hoy (esto es opcional)
- Cuando esté adentro, Ud será guiado(a) a diferentes puestos, (los empleados del Departamento de Salud van a estar usando chalecos azules o rojos). Los diferentes puestos son:
    - Distribución de formularios
    - Información educativa- donde Ud. va a ver un video corto
    - Evaluación médica- donde Ud. podrá hacer preguntas acerca de la vacuna de la viruela
    - Vacunación- donde Ud recibirá una simulación de vacunación con una paja pequeña y agua
    - Entrega de formularios
- Al final del ejercicio, por favor acepte un regalito que le ofreceremos como muestra de nuestro agradecimiento.
- Entregue el Formulario de Evaluación del Paciente lo cual le permitirá participar en una rifa de otros premios más valiosos.

A todos los participantes se les dará una etiqueta (sticker) la cual debe usar durante el ejercicio. Esta etiqueta (sticker) y la hoja de registro del tiempo nos ayudarán a evaluar la eficiencia del ejercicio.

¡Una vez más, gracias por su apoyo y colaboración!

Transcript of Video Introduction

For June 17th SFDPH Disaster Preparedness Event

Hello, my name is ..... I work as a Disease Investigator with Communicable Disease Control and Prevention at the San Francisco Dept. of Public Health.

Thank you for helping us prepare for the possibility of terrorism in San Francisco. Today, we will be focusing on smallpox.

Smallpox was a serious disease that killed up to 30% of those who were infected by it. The smallpox virus was spread from person to person through close contact. People with smallpox were very sick with a high fever, headache, and backache. They also got a severe rash, which left scars if they survived. Sometimes it caused blindness.

During the 1970s, public health workers eliminated smallpox from the world. They did this with the smallpox vaccine. Smallpox vaccine is not recommended for the general public, except in an emergency situation like the one we are pretending to have today.

The video you are about to watch was created for the health professionals who are currently volunteering to be vaccinated in case a terrorist finds a way to bring the smallpox disease back into the world.

Your participation today is helping us test our readiness for this possibility, or for any similar type of medical emergency. You will NOT be vaccinated today!

We thank you very much for taking time out of your normal schedules to volunteer at today's exercise.

Patient Medical History and Consent Form

For Administrative Use Only:
Initial Vaccination: ☐
Revaccination: ☐ (Initials of Administrator) _____)
Date: __/__/____ (mm/dd/yyyy)

For Administrative Use Only:
Place Patient Vaccination Lot Number Sticker here

Please fill out sections A, B, and C of this form. Please use ink and print.

SECTION A: PATIENT DEMOGRAPHIC INFORMATION

(To be filled out by the patient. Please use ink and print)

Title: _____ **First Name**: _____**Middle Name**_____
(Mr., Ms., Mrs., Dr., etc.)
Last Name: _____ **Suffix** (Jr. Sr., M.D., etc.): _____

SSN: 555 - 55 – 5555 **Date of Birth:** ___/___/_____ (mm/dd/yyyy)

Gender: ☐ Male ☐ Female

Street Address:_____ **Apt. #:** _____

City: _____ **State:** _____ **Zip code:** _____

County_____

Contact Information:

Home Phone: (____) ____- _____ Work: (____) ____- _____ ext. _____

Cell Phone: (____) ____- _____ Fax: (____) ____- _____

E-Mail Address:

_____

Occupation: _____

Employer _____

Date: __/__/____ (mm/dd/yyyy)
Patient Name: _____ **Date of Birth:**_____

SECTION B: VACCINATION AND MEDICAL HISTORY

(To be filled out by the patient. Please use ink and print)

Vaccination History

Did you ever receive the smallpox vaccine? Use the most recent date if you were vaccinated more than once.

☐ I have documentation that I was vaccinated on this date: ___/___/_____ (mm/dd/yyyy)
☐ I recall that I was vaccinated on this date, but I don't have documentation: ___/___/_____ (mm/dd/yyyy)
☐ I was vaccinated in childhood, but I don't know the date.
☐ No, I was never vaccinated or I don't know.

Do you have a vaccination scar? ☐ Yes ☐ No or Don't Know
Did you have any bad reactions to the vaccine (adverse events)? ☐ Yes ☐ No or Don't know
If yes, please describe the reaction_____

_____

Medical History

Have you received chickenpox (varicella) vaccination in the last month? ☐ Yes ☐ No
Are you currently taking medication? ☐ Yes ☐ No
If yes, please list medications: _____

_____

Are you sick today? ☐ Yes ☐ No
If yes, please describe your illness (you may need to wait to be vaccinated until you get better)

_____

_____

Do any of the following apply to YOU? (Answer "Yes" or "No")

1. Do you have any conditions that weaken the immune system such as HIV/AIDS; leukemia, lymphoma, or most other cancers; organ transplant; or primary immune deficiency disorders?	Yes ☐	No ☐
2. Do you have a severe autoimmune disease such as lupus that may weaken the immune system?	Yes ☐	No ☐
3. Are you now taking, or have you recently taken, drugs that can weaken the immune system like steroids (e.g. prednisone), medicines for autoimmune disease, or medicines taken after an organ transplant?	Yes ☐	No ☐
4. Are you now taking cancer treatment with drugs or radiation or have you taken such treatment in the past 3 months?	Yes ☐	No ☐
5. Do you now have, or have you ever had eczema or atopic dermatitis (even as a baby or child and even if the condition is mild)?	Yes ☐	No ☐
6. Do you now have other skin problems that have made many breaks in your skin such as a rash, severe burn, impetigo, chickenpox, shingles, herpes, psoriasis, or severe acne?	Yes ☐	No ☐
7. Are you now being treated with steroid eye drops?	Yes ☐	No ☐

Date: __/__/____ (mm/dd/yyyy)
Patient Name: _____ **Date of Birth:**_____

8. Are you pregnant, breastfeeding, or planning to become pregnant in the next month?	Yes ☐	No ☐
9. Have you ever had a life-threatening allergic reaction to smallpox vaccine, latex or the antibiotics polymixin B, streptomycin, chlortetracycline, or neomycin?	Yes ☐	No ☐
10. Have you ever been diagnosed by a doctor as having heart disease with or without symptoms such as previous myocardial infarction (heart attack), angina (chest pain caused by lack of blood flow to the heart), congestive heart failure, or cardiomyopathy?	Yes ☐	No ☐
11. Have you ever had a stroke or transient ischemic attack (a "mini-stroke" that produces stroke-like symptoms but no lasting damage)?	Yes ☐	No ☐
12. Do you have chest pain or shortness of breath when you exert yourself (such as when you walk up stairs)?	Yes ☐	No ☐
13. Do you have any other heart condition for which you are under the care of a doctor?	Yes ☐	No ☐
14. Do you have three of more of the following risk factors? a. You have been told by a doctor that you have high blood pressure. b. You have been told by a doctor that you have high blood cholesterol. c. You have been told by a doctor that you have diabetes or high blood sugar. d. You have a first degree relative (for example mother, father, brother, or sister) who had a heart condition before the age of 50. e. You smoke cigarettes now.	Yes ☐	No ☐
15. Do you take care of a child less than one year of age?	Yes ☐	No ☐

If you answered yes to any of the questions above, ask for advice. If you know that you have been in contact with someone who has smallpox, you should be vaccinated regardless of your answers to the above questions.

Do any of the following apply to your CLOSE CONTACTS? (Answer "Yes", "No" or "Don't Know")
(A close contact is someone you live with or have close physical contact with, such as a sex partner. Close contacts do not include friends or co-workers.)

1. Do any of your close contacts have conditions that weaken the immune system such as HIV/AIDS, leukemia, lymphoma, or most other cancers; organ transplant; or primary immune deficiency disorders?	Yes ☐	No ☐	Don't Know ☐
2. Do any of your close contacts have a severe autoimmune disease such as lupus that may weaken the immune system?	Yes ☐	No ☐	Don't Know ☐
3. Are any of your close contacts now taking, or have they recently taken, drugs that can weaken the immune system like steroids (e.g. prednisone), medicines for autoimmune disease, or medicines taken after an organ transplant?	Yes ☐	No ☐	Don't Know ☐
4. Are any of your close contacts taking cancer treatment with drugs or radiation or have they taken such treatment in the past 3 months?	Yes ☐	No ☐	Don't Know ☐

Date: __/__/____ (mm/dd/yyyy)
Patient Name: _____ **Date of Birth:**_____

5. Do any of your close contacts now have, or have they ever had eczema or atopic dermatitis (even as a baby or child and even if the condition is mild)?	Yes ☐	No ☐	Don't Know ☐
6. Do any of your close contacts now have other skin problems that have made many breaks in their skin such as a rash, severe burn, impetigo, chickenpox, shingles, herpes, psoriasis, severe diaper rash, or severe acne?	Yes ☐	No ☐	Don't Know ☐
7. Are any of your close contacts pregnant or planning to become pregnant in the next month?	Yes ☐	No ☐	Don't Know ☐

If you answered yes to any of the questions above, ask for advice. If you know that you have been in contact with someone who has smallpox, you should be vaccinated regardless of your answers to the above questions.

I have questions today that I would like to discuss with a screener.	Yes ☐	No ☐

SECTION C: CONSENT SIGNATURE
(TO BE RETAINED BY THE VACCINATION CLINIC)

I have:

- received, read and understand the Smallpox Pre-Vaccination Information Package, including 1) the Vaccine Information Statement (VIS), 2) the VIS supplements (A-E) on reactions after smallpox vaccination, vaccination site appearance and care, skin conditions, weakened immune system, pregnancy and breastfeeding, and 3) the March 31, 2003 VIS supplement on smallpox vaccine and heart problems;
- considered my own health status as well as the health status of my household members and close physical contacts;
- had the opportunity to discuss my medical concerns with a health care screener at the vaccination clinic;
- responded to the questions above to the best of my ability.

I understand the decision to be vaccinated is voluntary and agree to proceed with smallpox vaccination.

_____ _____
Patient Signature Date

_____ _____
Medical Screener Date

*Screener comments/notes for clarification (for administrative use only)*_____
_____
_____

Forma de Expediente Médico y Consentimiento

Para uso administrativo solamente:
Vacunación Inicial: ☐
Revacunación: ☐ (Iniciales del Administrador) _____)
Fecha: __/__/____ (mm/dd/aaaa)

Para uso administrativo solamente: Coloque la calcomanía del lote de vacunación del paciente aquí

Favor de llenar las secciones A, B, y C de esta forma. Favor de usar tinta y letra de molde.

SECCIÓN A: INFORMACIÓN DEMOGRÁFICA DEL PACIENTE

(Para ser llenado por el paciente. Favor de usar tinta y letra de molde)

Título: _____ **Nombre**: _____**Segundo nombre**_____
(Sr., Srta.., Sra., Dr., etc.)
Apellido: _____ **Sufijo** (Jr. Sr., M.D., etc.): _____

SSN: 555 - 55 – 5555 **Fecha de nacimiento:** ___/___/_____ (mm/dd/aaaa)

Sexo: ☐ Masculino ☐ Femenino

Domicilio:_____ **Depto. #:** _____

Ciudad: _____**Estado:** _____ **Zona Postal:** _____

Condado_____

Información de contacto:

Teléfono en casa: (____) ____- _____ Trabajo: (____) ____- _____ Ext. _____

Celular: (____) ____- _____ Fax: (____) ____- _____

Correo electrónico: _____

Ocupación: _____

Empresa _____

Fecha: __/__/____ (mm/dd/aaaa)
Nombre del Paciente:_____ **Fecha de nacimiento:**_____

SECCIÓN B: EXPEDIENTE MÉDICO Y DE VACUNACIÓN

(Para ser llenado por el paciente. Favor de usar tinta y letra de molde)

Expediente de Vacunación

¿Ha recibido vacunas contra la viruela? Use la fecha más reciente si lo han vacunado más de una vez.

☐ Poseo un documento que verifica que fui vacunado en esta fecha: ___/___/_____ (mm/dd/aaaa)
☐ Recuerdo que me vacunaron en esta fecha, pero no poseo un documento que lo verifique: ___/___/_____ (mm/dd/aaaa)
☐ Me vacunaron de niño(a), pero no recuerdo la fecha.
☐ No, nunca me han vacunado o no sé.

¿Tiene cicatriz de la vacuna? ☐ Sí ☐ No o No sé
¿Tuvo reacciones nocivas de la vacuna (reacciones secundarias)? ☐ Sí ☐ No o No Sé
Si es sí, favor de describir las reacciones_____
_____

Historial Médico

¿Ha recibido vacuna contra la varicela en este último mes? ☐ Sí ☐ No
¿Actualmente está tomando medicamentos? ☐ Sí ☐ No
Si es sí, favor de anotar los medicamentos:
_____
_____

¿Está enfermo(a) hoy? ☐ Sí ☐ No
Si es sí, favor de describir su enfermedad (puede que tenga que esperar para que lo(la) vacunen hasta que sane)
_____
_____

¿Cualquiera de lo siguiente se aplica a USTED? (Conteste "Sí" o "No")

		Sí	No
1.	¿Sufre de alguna condición que le debilite el sistema inmunológico como VIH / SIDA; Leucemia, linfoma, o la mayoría de los demás cánceres; transplante de órganos; o padecimiento importante de deficiencia inmunológica?	☐	☐
2.	¿Padece de alguna enfermedad grave de auto inmunidad como el lupus que pueda debilitar su sistema inmunológico?	☐	☐
3.	¿Está actualmente tomando, o ha tomado recientemente, fármacos que puedan debilitar el sistema inmune como esteroides (por ej., prednisona), medicinas contra enfermedades auto inmunes, o medicinas que se recetan después de algún transplante de órganos?	☐	☐
4.	¿Se encuentra actualmente bajo tratamiento contra el cáncer con fármacos o radiación, o se ha sometido a tales tratamientos en los últimos 3 meses?	☐	☐
5.	¿Sufre actualmente, o ha sufrido de eczema o dermatitis atópica (aún de bebé o niño(a) y aún si la enfermedad era leve)?	☐	☐
6.	¿Sufre de algún otro problema de la piel que le haya causado agrietamientos en su piel tales como salpullido, quemaduras graves, impétigo, varicela, herpes, soriasis, o acné grave?	☐	☐
7.	¿Lo están tratando con gotas de esteroides para los ojos?	☐	☐

Fecha: __/__/____ (mm/dd/aaaa)
Nombre del Paciente:_____ **Fecha de nacimiento:**_____

8. ¿Está embarazada, dando pecho, o planea embarazarse en el próximo mes?	Sí ☐	No ☐
9. ¿Alguna vez ha tenido una reacción alérgica que le haya amenazado la vida por vacunas de viruela, látex o los antibióticos polimixina B, estreptomicina, clortertraciclina, o neomicina?	Sí ☐	No ☐
10. ¿Alguna vez le ha diagnosticado un médico enfermedades cardíacas con o sin síntomas como infartos del miocardio previos (ataques cardíacos), angina (dolor pectoral causado por falta de flujo sanguíneo al corazón), insuficiencia cardiaca, o cardiomiopatía?	Sí ☐	No ☐
11. ¿Alguna vez ha sufrido de apoplejía o de ataque de isquemia transitorio (un "mini-ataque" que produce síntomas similares a la apoplejía pero no causa daños duraderos)?	Sí ☐	No ☐
12. ¿Sufre de dolor de pecho o falta de respiración cuando se sobre ejercita (como cuando sube escaleras)?	Sí ☐	No ☐
13. ¿Sufre de alguna otra enfermedad cardiaca que tenga que ser tratada por un médico?	Sí ☐	No ☐
14. ¿Presenta tres o más de los siguientes factores de riesgo? a. Le ha informado un médico que tiene alta presión arterial. b. Le ha informado un médico que tiene el colesterol sanguíneo alto. c. Le ha informado un médico que tiene diabetes o altos niveles de azúcar en la sangre. d. Tiene algún pariente cercano (por ejemplo madre, padre, hermano o hermana) que sufrió de enfermedad cardiaca antes de los 50 años. e. Usted fuma actualmente.	Sí ☐	No ☐
15. ¿Cuida algún niño(a) menor de un año de edad?	Sí ☐	No ☐

Si contestó sí a cualquiera de las preguntas anteriores, pida consejería. Si le consta que ha estado en contacto con alguien que sufra de viruela, deberá usted ser vacunado(a) independientemente de sus respuestas a las preguntas anteriores.

¿Se aplica cualquiera de lo siguiente a sus <u>CONTACTOS CERCANOS</u>? (Conteste "Sí", "No" o "No sé") (Un contacto cercano es alguien con quien usted vive o mantiene contacto físico, tal como compañero(a) sexual. Los contactos íntimos no incluyen amistades o compañeros(as) de trabajo.)

1. ¿Alguno de sus contactos cercanos sufre de alguna enfermedad que debilite el sistema inmune tal como VIH / SIDA, leucemia, linfoma, o algún otro de los cánceres más comunes, transplante de órganos o padecimiento principal de deficiencia inmunológica?	Sí ☐	No ☐	No sé ☐
2. ¿Alguno de sus contactos cercanos sufre de alguna enfermedad grave auto-inmune como lupus que pueda debilitar el sistema inmunológico?	Sí ☐	No ☐	No sé ☐
3. ¿Alguno de sus contactos cercanos está actualmente consumiendo o ha recientemente consumido drogas que puedan debilitar el sistema inmunológico tal como esteroides (por ej.,. prednisona), medicinas para enfermedad auto-inmune, o medicina que se toma después de un transplante de órganos?	Sí ☐	No ☐	No sé ☐
4. ¿Alguno de sus contactos cercanos está siendo tratado(a) de cáncer con fármacos o radiación o ha recibido tal tratamiento en los últimos 3 meses?	Sí ☐	No ☐	No sé ☐

Fecha: __/__/____ (mm/dd/aaaa)
Nombre del Paciente:_____ **Fecha de nacimiento:**_____

5. ¿Alguno de sus contactos cercanos tiene actualmente, o ha tenido eczema o dermatitis atópica (aún de bebé o niño(a) y aún si el malestar haya sido leve)?	Sí ☐	No ☐	No sé ☐
6. ¿Alguno de sus contactos cercanos tiene actualmente otros problemas de la piel que le hayan agrietado la piel tales como salpullido, quemaduras graves, impétigo, varicela, herpes, soriasis, salpullido grave de pañal o acné grave?	Sí ☐	No ☐	No sé ☐
7. ¿Alguna de sus contactos cercanos está embarazada o planea embarazarse en el próximo mes?	Sí ☐	No ☐	No sé ☐

Si contestó sí a cualquiera de las preguntas anteriores, pida consejería. Si le consta que ha estado en contacto con alguien que sufra de viruela, deberá usted ser vacunado(a) independientemente de sus respuestas a las preguntas anteriores.

Tengo preguntas hoy que me gustaría platicar con algún evaluador médico.	Sí ☐	No ☐

SECCIÓN C: FIRMA DE CONSENTIMIENTO (PARA SER CONSERVADA POR LA CLÍNICA DE VACUNACIÓN)

He:

- recibido, leído y entendido el Paquete Informativo de Pre-vacunación, incluso 1) la Declaración Informativa sobra vacunación (VIS, en inglés), 2) los suplementos de la VIS (A-E) sobre reacciones después de la vacunación contra la viruela, apariencia del área de vacunación y su cuidado, enfermedades de la piel, sistema inmunológico debilitado, embarazo y alimentación de pecho, y 3) el suplemento de 31 de Marzo de 2003 de la VIS sobre la vacuna para la viruela y los problemas cardiacos;
- considerado mi propio estado de salud así como el estado de salud de los miembros de mi grupo familiar y mis contactos cercanos;
- tenido la oportunidad de platicar acerca de mis preocupaciones médicas con un evaluador médico en la clínica de vacunación;
- respondido las preguntas anteriores de la mejor manera que he podido responder.

Entiendo que la decisión de ser vacunado es voluntaria y estoy de acuerdo en proceder con la vacunación contra la viruela.

_____ _____
Firma del Paciente Fecha

_____ _____
Evaluador Médico Fecha

Comentarios / notas del evaluador para aclaración (para uso administrativo solamente) _____
_____
_____

病人醫療史與同意書

僅限於管理用途：
初次接種疫苗： ☐
再次接種疫苗：☐ (管理員姓名首字母) _____)
日期：__/__/____ (mm/dd/yyyy)

僅限於管理用途： 此處貼上病人接種疫苗批號標籤

請填寫本表的 A、B 及 C 部分。請使用墨水筆以正楷填寫。

A 部分：病人個人資訊

(由病人填寫。請使用墨水筆以正楷填寫。)

職稱：_____ **名字**：_____ **中名**:_____
(先生、小姐、女士、博士等)
姓氏：_____ **後置稱謂** (Jr.、Sr.、M.D.等)：_____

SSN（社會工咭號碼）：555 - 55 – 5555 **出生日期**：___/___/_____ (mm/dd/yyyy)

性別：☐ 男 ☐ 女

街道地址：_____ **柏文號碼**：_____

城市：_____**州**：_____ **郵遞區號**：_____

縣 :_____

聯絡資料：

住家電話：(____) ____- _____ 工作電話：(____) ____- _____ 分機 _____

手提電話： (____) ____- _____ 傳真：(____) ____- _____

電郵地址：_____

職業： _____

僱主:_____

日期： __/__/____ (mm/dd/yyyy)
病人姓名： _____ 出生日期： _____

B 部分：接種疫苗與醫療史

(由病人填寫。請使用墨水筆以正楷填寫。)

接種疫苗史

您是否曾接種天花疫苗？如果您曾接種疫苗多次，請填寫最近的日期。

☐ 我在此日期接種過疫苗並可提供記錄文件：___/___/_____ (mm/dd/yyyy)
☐ 我在此日期接種過疫苗，但我沒有記錄文件：___/___/_____ (mm/dd/yyyy)
☐ 我小時候接種過疫苗，但我不知道日期。
☐ 不，我從未接種過疫苗或者我不知道。

您是否有接種疤痕？☐ 有 ☐ 沒有，或不知道
您是否對疫苗有任何不良反應（不良事件）？☐ 有 ☐ 沒有，或不知道
如果有，請說明副作用_____

_____

醫療史

上個月您是否接種過水痘疫苗？☐ 是 ☐ 否
目前您是否在用藥？☐ 是 ☐ 否
如果是，請列出藥名： _____

_____

今天您是否生病？☐ 是 ☐ 否
如果是，請說明病症 (您可能需要等待病癒後再接種疫苗)

_____

_____

下列其中一種狀況是否描述您？ (回答「是」或「否」)

1. 您是否患有會降低免疫系統功能的任何病症，如愛滋病(HIV/AIDS)；白血病、淋巴瘤或大多數其他癌症；器官移植；或主要免疫缺乏病？	是 ☐	否 ☐
2. 您是否患有可能會降低免疫系統功能的自身免疫性疾病，如狼瘡病？	是 ☐	否 ☐
3. 您現在是否在用或最近用過可能會降低免疫系統功能的類固醇之類的藥品 (例如強體松)、用於自身免疫性疾病的藥物，或器官移植後所用的藥物？	是 ☐	否 ☐
4. 您現在是否在使用藥物或放射線療法進行癌症治療，或在過去 3 個月採用過此類治療方法？	是 ☐	否 ☐
5. 您現在是否患有或曾患有濕疹或異位性皮膚炎 (即使在嬰孩時期或即使病症輕微)？	是 ☐	否 ☐
6. 您現在是否患有會導致皮膚裂口的其他皮膚問題，如皮疹、嚴重燒傷、膿胞病、水痘、帶狀皰疹、皰疹、牛皮癬或嚴重暗瘡？	是 ☐	否 ☐
7. 您現在是否正在使用類固醇滴眼劑治療？	是 ☐	否 ☐

日期： __/__/____ (mm/dd/yyyy)
病人姓名： _____ 出生日期： _____

8. 您是否在懷孕、哺乳，或打算下個月懷孕？	是 ☐	否 ☐
9. 您是否曾對天花疫苗、乳膠或多黏菌素抗生素 B、鏈黴素、氯四環素或新黴素有危及生命的過敏反應？	是 ☐	否 ☐
10. 您是否曾被醫生診斷爲患有具症狀或無症狀的心臟病，如先前的心肌梗塞 (心臟病發作)、心絞痛 (由於心臟缺少血液流動引起的胸痛)、充血性心力衰竭或心肌病？	是 ☐	否 ☐
11. 您是否曾患有中風或暫時缺血性中風 (產生類似中風症狀，但無持續損害的「小中風」)？	是 ☐	否 ☐
12. 您自己用力時 (如上樓梯時) 是否有胸痛或呼吸急促的症狀？	是 ☐	否 ☐
13. 您是否有任何其他需要醫生護理的心臟病症？	是 ☐	否 ☐
14. 您是否有下列中的三種或更多致病因素？ a. 醫生告訴您，您有高血壓。 b. 醫生告訴您，您有高膽固醇。 c. 醫生告訴您，您有糖尿病或高血糖。 d. 您有一個一等親 (例如，父母親或兄弟姐妹) 在 50 歲之前有心臟病症。 e. 您現在吸煙。	是 ☐	否 ☐
15. 您是否在照顧未滿一歲的小孩？	是 ☐	否 ☐

如果對上述其中一個問題回答是，請告訴職員。如果您知道您已與患有天花的人接觸，則不管對上述問題的回答如何，您都應該接種疫苗。

下列其中一種狀況是否描述您的密切接觸者？(回答「是」、「否」或「不知道」)
(密切接觸者是指與您一起生活或具有密切身體接觸的人，如性伴侶。密切接觸者並不包括朋友或同事。)

1. 您任何一個的密切接觸者是否患有會降低免疫系統功能的病症，如 愛滋病(HIV/AIDS)；白血病、淋巴瘤或大多數其他癌症；器官移植；或主要免疫缺乏病？	是 ☐	否 ☐	不知道 ☐
2. 您任何一個的密切接觸者是否患有可能會降低免疫系統功能的自身免疫性疾病，如狼瘡病？	是 ☐	否 ☐	不知道 ☐
3. 您任何一個的密切接觸者現在是否在用或最近用過可能會降低免疫系統功能的類固醇之類的藥品 (例如強體松)、用於自身免疫性疾病的藥物，或器官移植後所用的藥物？	是 ☐	否 ☐	不知道 ☐
4. 您任何一個的密切接觸者是否在使用藥物或放射線療法進行癌症治療，或在過去 3 個月採用過此類治療方法？	是 ☐	否 ☐	不知道 ☐

日期： __/__/____ (mm/dd/yyyy)
病人姓名： _____ 出生日期： _____

5. 您任何一個的密切接觸者現在是否患有或曾患有濕疹或異位性皮膚炎(即使在嬰孩時期或即使病症輕微)？	是 ☐	否 ☐	不知道 ☐
6. 您任何一個的密切接觸者現在是否患有會導致皮膚裂口的其他皮膚問題，如皮疹、嚴重燒傷、膿胞病、水痘、帶狀皰疹、皰疹、牛皮癬、嚴重尿診或嚴重暗瘡？	是 ☐	否 ☐	不知道 ☐
7. 您任何一個的密切接觸者是否在懷孕或打算下個月懷孕？	是 ☐	否 ☐	不知道 ☐

如果對上述其中一個問題回答是，請告訴職員。如果您知道您已與患有天花病的人接觸，則不管對上述問題的回答如何，您都應該接種疫苗。

我今天有問題要與審查員討論。	是 ☐	否 ☐

C 部分：同意簽字書
(由接種疫苗診所保存)

我已經：

- 收到、閱讀並瞭解預接種天花疫苗資訊說明，包括 1) 疫苗資訊聲明 (VIS)，2) 有關天花疫苗接種後的副作用、接種疫苗處表面與處理、皮膚情況、減低免疫系統功能、懷孕及哺乳的 VIS 附錄 (A-E)，及 3) 有關天花疫苗與心臟問題的 2003 年 3 月 31 日 VIS 附錄；
- 考慮自身的健康狀況以及家人與密切身體接觸者的健康狀況；
- 有機會與接種疫苗診所的衛生職員討論醫療問題；
- 盡我所能回答上述問題。

我瞭解接種疫苗的決定是自願的並同意接種天花疫苗。

_____ _____
病人簽名 日期

_____ _____
醫療人員 日期

審查員備註/說明記錄 (僅限於管理用途) _____
_____
_____

VACCINE INFORMATION STATEMENT (VIS)

SMALLPOX VACCINE

WHAT YOU NEED TO KNOW

1 What is smallpox?

Smallpox is a serious disease which kills up to 30% of people infected with it.

It is caused by a virus called **variola**, which is spread from person to person through close contact.

Smallpox can also cause:
- a severe rash, which can leave scars when healed
- high fever
- tiredness
- severe headaches and backache
- blindness

The world's last case of naturally-acquired smallpox was in 1977.

2 Why get vaccinated?

Smallpox vaccine protects people who work with smallpox or related viruses in laboratories.

It is believed that terrorists or governments hostile to the United States might also have the smallpox virus and could use it as a biological weapon. Smallpox vaccination can protect health care response teams, and other first responders, from smallpox disease. These teams will identify other people who need to be vaccinated to control outbreaks, and establish public vaccination clinics.

During an outbreak or emergency, smallpox vaccine can protect people exposed to smallpox virus.

3 Smallpox vaccine

Smallpox vaccine is made from a virus called **vaccinia**. Vaccinia virus is similar to smallpox virus, but less harmful. Vaccinia vaccine can protect people from smallpox. The vaccine does not contain smallpox virus.

Getting the vaccine *before* exposure will protect most people from smallpox. Getting the vaccine *within 3 days after exposure* can prevent the disease or at least make it less severe. Getting the vaccine *within a week after exposure* can still make the disease less severe. Protection from infection lasts 3 to 5 years, and protection from severe illness and death can last 10 years or more.

4 Who should get smallpox vaccine and when?

Routine Non-emergency Use (No Outbreak)

- Laboratory workers who handle cultures or animals contaminated or infected with vaccinia or other related viruses (e.g., monkeypox, cowpox, variola).
- Public health, hospital, and other personnel, generally 18-65 years of age, who may have to respond to a smallpox case or outbreak.

Emergency Use (Smallpox Outbreak)

- Anyone ***directly exposed*** to smallpox virus should get one dose of vaccine as soon as possible after exposure.
- Anyone ***at risk of exposure*** to smallpox virus may need to get one dose of vaccine when the risk occurs or becomes known.

Vaccinated persons may need to be revaccinated after 3-10 years, depending on risk.

5 After the vaccination

See VIS Supplements A and B for more information.

Expected Reactions

A blister should form at the vaccination site. Later it will form a scab. Finally the scab will fall off, leaving a scar.

You may also experience swelling and tenderness of the lymph nodes lasting 2-4 weeks after the blister has healed, itching at the vaccination site, fatigue, mild fever, headache, or muscle aches.

Care of the Vaccination Site

Until the scab falls off, you can spread vaccinia virus to other people or to other parts of your own body. To prevent this, keep this area loosely covered with a gauze bandage. (While at work, health care workers will need additional measures, such as a semi-permeable dressing covering the gauze.)

Change the bandage as needed (every 1-3 days if using only gauze bandages, and at least every 3-5 days for semi-permeable dressings). Cover with a waterproof

Continued . . .

bandage while bathing. Don't touch the vaccination site and then another part of your body without washing your hands first. Don't scratch or put ointment on the vaccination site. **Don't touch your eyes or any part of your body after changing the bandage or touching the vaccination site.**

Wear a shirt that covers the vaccination site as an extra precaution, particularly in situations of close physical contact (for instance, parenting of young children).

Put used bandages in a plastic zip bag before throwing them away. Do the same with the scab when it falls off. Don't share towels. Launder items that have touched the vaccination site. Wash your hands after touching the vaccination site or bandages, clothing, sheets or towels that have touched the site.

The vaccination site should be checked at around 7 days after the vaccination to make sure the vaccine is working.

6 Some people should not get smallpox vaccine or should wait.

See VIS Supplements C, D, and E for more information.

Routine Non-emergency Use (No Outbreak)

- Anyone who has eczema or atopic dermatitis, or has a past history of either condition, should not get smallpox vaccine.
- Anyone with a skin condition ***that causes breaks in the skin*** (such as an allergic rash, severe burn, impetigo, chickenpox, shingles, or severe acne) should wait until the condition clears up before getting smallpox vaccine.
- Anyone whose immune system is weakened should not get smallpox vaccine, including anyone who:
  - Has HIV/AIDS or another disease that affects the immune system.
  - Has significant immune system suppression from a severe autoimmune disease, such as systemic lupus erythematosus.
  - Is being treated, or has recently been treated, with drugs that affect the immune system, such as steroids, some drugs for autoimmune disease, or drugs taken in association with an organ or bone marrow transplant.
  - Has leukemia, lymphoma, or most other cancers.
  - Is taking cancer treatment with x-rays or drugs, or has taken such treatment in the past 3 months.
- Pregnant women should not get smallpox vaccine.
- Women should avoid getting pregnant for 4 weeks after getting smallpox vaccine.

Individuals who live with or have close physical contact with someone who falls into any of the above categories should not get smallpox vaccine, because of the risk it poses to that close contact. (Close contacts include anyone living in your household and anyone you have close physical contact with, such as a sex partner. They do not include friends or people you work with.)

- Smallpox vaccine is not recommended for anyone under 18 years of age.
- Do not get smallpox vaccine if you have ever had a life-threatening allergic reaction to **polymyxin B, streptomycin, chlortetracycline, neomycin**, or a **previous dose of smallpox vaccine.**
- Breastfeeding mothers should not get smallpox vaccine.
- Persons using steroid drops in their eyes should not get smallpox vaccine.
- People who are moderately or severely ill at the time the vaccination is scheduled should usually wait until they recover before getting smallpox vaccine.

If you have questions about any of the conditions described above, consult with your health care provider before getting smallpox vaccine.

Emergency Use (Smallpox Outbreak)

- These restrictions may not apply in the event of a smallpox outbreak.

7 What are the risks from smallpox vaccine?

See VIS Supplement A for more information.

The following information is about **known** reactions to smallpox vaccine. A vaccine, like any medicine, can cause serious problems, including those we do not yet know about, as well as severe allergic reactions. The risk of smallpox vaccine causing serious harm, or death, is very small.

Mild to Moderate Problems

- Mild rash, lasting 2-4 days.
- Fever of over 100°F (about 10% of adults).
- Blisters elsewhere on the body (about 1 per 1,900).

About one-third of people getting the vaccine may feel sick enough to miss work or school or curtail recreational activities, or may have temporary trouble sleeping.

Continued . . .

Moderate to Severe Problems (That Need Immediate Medical Attention)

- Eye infection due to spread of vaccine virus to the eye, which can lead to loss of vision.
- Rash on entire body (as many as 1 per 4,000), which usually resolves without problems.

Potentially Life-Threatening Problems

- Severe rash on people with eczema or atopic dermatitis (as many as 1 per 26,000), which can lead to scarring or death.
- Encephalitis (severe brain reaction) (as many as 1 per 83,000), which can lead to permanent brain damage or death.
- Severe progressive infection beginning at the vaccination site (as many as 1 per 667,000, mostly people with weakened immune systems), which can lead to scarring or death.

For every million people vaccinated in the past, between 14 and 52 had a life-threatening reaction to smallpox vaccine and 1-2 died.

People who come in direct contact with the vaccination site of a vaccinated person, or with materials that have touched the site, also can have a reaction if they become infected with the vaccine virus.

8 What if there is a moderate or severe reaction?

See VIS Supplements A and B for more information.

Look for:

- A vaccination site that looks like it is not healing normally, a rash or sore on other parts of your body, an eye infection, a persistent headache or fever, confusion, seizures, difficulty staying awake, or another unexpected problem. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness occurring within a few minutes to a few hours after the vaccination.

If you, or a close physical contact, experience any of these conditions, or if you are concerned about *any* condition that you experience after vaccination:

- Call a health care provider, or get the person medical care right away.
- Tell the health care provider that you were vaccinated with smallpox vaccine and when.
- Ask your doctor or nurse to file a Vaccine Adverse Event Report (VAERS form) and contact their health department. You can also file a report yourself by visiting the VAERS website at http://www.vaers.org or calling 1-800-822-7967.

Treating Serious Reactions

- Vaccinia Immune Globulin (VIG) can help people who have certain serious reactions to smallpox vaccine. A second drug, cidofovir, may be used in some situations. Neither drug is currently licensed for this purpose, and they may have side effects of their own.

Cost of Treating Vaccine Reactions

- Treatment of severe reactions can be very expensive. Workers compensation or health insurance may not cover these expenses.

- There is no federal program to reimburse you for time lost from work, either because of illness due to vaccination or concern about spreading the virus to others. Your employer can tell you if they, or workers compensation, will cover these expenses.

9 How can I learn more?

- Read the VIS Supplements.
- Ask your doctor or nurse. They can show you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-888-246-2675** (English)
  - Call **1-888-246-2857** (Español)
  - Call **1-866-874-2646** (TTY)
  - Visit our smallpox website at http://www.cdc.gov/smallpox/

U.S. Department of Health & Human Services
Centers for Disease Control and Prevention
National Immunization Program

VACUNA CONTRA LA VIRUELA

LO QUE DEBE SABER

1 ¿Qué es la viruela?

La viruela es una enfermedad grave que ocasiona la muerte a 30% de las personas infectadas.

Esta enfermedad es causada por un virus llamado **variola** que se transmite de una persona a otra a través del contacto cercano.

La viruela también puede provocar:
- una erupción grave que puede dejar cicatrices al curarse
- fiebre alta
- cansancio
- dolores intensos de cabeza y de espalda
- ceguera

El último caso de viruela contraída de forma natural en el mundo ocurrió en 1977.

2 ¿Por qué vacunarse?

La vacuna contra la viruela protege a las personas que trabajan con el virus de la viruela u otros virus afines en laboratorios.

Se cree que los terroristas o gobiernos hostiles a los Estados Unidos podrían tener también el virus de la viruela y utilizarlo como arma biológica. La vacunación contra la viruela puede proteger contra la enfermedad a los equipos de respuesta especializados en atención médica, así como a otros grupos que son los primeros en responder ante una emergencia. Estos equipos se encargarán de identificar a otras personas que tienen que vacunarse para controlar los brotes y, además, de establecer centros públicos de vacunación.

Durante un brote o una emergencia, la vacuna contra la viruela puede proteger a las personas que están expuestas al virus de la viruela.

3 Vacuna contra la viruela

La vacuna contra la viruela se elabora a partir de un virus llamado **vaccinia**. El virus vaccinia es similar al virus de la viruela, pero es menos dañino que éste. La vacuna preparada con vaccinia puede proteger a las personas contra la viruela. Esta vacuna no contiene el virus de la viruela.

Vacunarse *antes* de exponerse al virus protegerá a la mayoría las personas contra la viruela. Vacunarse *dentro de los tres días siguientes a la exposición* puede prevenir la enfermedad o, por lo menos, hacer que sea menos grave. Vacunarse *dentro de la semana que sigue a la exposición* todavía puede ayudar a que la enfermedad sea menos grave. La protección contra la infección dura de tres a cinco años y la protección contra la enfermedad grave y la muerte puede durar 10 años o más.

4 ¿Quién debe vacunarse contra la viruela y cuándo debe hacerlo?

Uso sistemático en situaciones que no son de emergencia (no hay brote de viruela)

- Los trabajadores de laboratorio que manejan los cultivos o animales contaminados o infectados por vaccinia u otros virus afines (por ejemplo, viruela símica, viruela bovina).
- El personal de salud pública, hospitales y otros, por lo general entre 18 y 65 años de edad, que posiblemente tenga que responder ante un caso o brote de viruela.

Uso en caso de emergencia (brote de viruela)

- Toda persona que esté ***expuesta directamente*** al virus de la viruela deberá recibir una dosis de la vacuna lo más pronto posible después de la exposición.
- Toda persona ***que esté en riesgo de exposición*** al virus de la viruela tal vez tenga que recibir una dosis de la vacuna cuando ocurra o se conozca el riesgo.

Es posible que las personas vacunadas tengan que volver a vacunarse al cabo de 3 a 10 años, dependiendo del riesgo.

5 Después de la vacunación

Véanse los Suplementos A y B para más información.

Reacciones previstas

Debería formarse una ampolla en el sitio donde se aplicó la vacuna. Luego se formará una costra. Finalmente, la costra se caerá y dejará una cicatriz.

Es posible que presente también inflamación y sensibilidad al tocar los nódulos linfáticos durante un período de dos a cuatro semanas después de que haya sanado la ampolla, picazón en el sitio donde se aplicó la vacuna, cansancio, fiebre no muy alta, dolor de cabeza o dolores musculares.

Cuidado del sitio de la vacuna

Hasta tanto no se caiga la costra, usted puede pasarle el virus vaccinia a otras personas o éste puede propagarse a otras partes de su propio cuerpo. A fin de evitar que esto suceda, mantenga la zona donde se aplicó la vacuna cubierta con una venda de gasa holgada. (Mientras están en su lugar de empleo, los trabajadores de salud deberán tomar medidas adicionales como cubrirse la gasa con una venda semipermeable.)

Cámbiese la venda según sea necesario (cada uno a tres días, si está utilizando sólo vendas de gasa, y por lo menos cada tres a cinco días si está utilizando vendas semipermeables). Cuando

Continuación...

se bañe, cúbrase el sitio donde se aplicó la vacuna con una venda impermeable. No se toque el sitio de la vacuna y luego otra parte del cuerpo sin antes lavarse las manos. No se rasque ni se coloque ungüentos en el sitio donde se aplicó la vacuna. **No se toque los ojos ni ninguna otra parte del cuerpo después de cambiarse la venda o tocar el sitio de la vacuna antes de lavarse las manos.**

Como medida de precaución adicional, use una camisa que le cubra el sitio donde se aplicó la vacuna, especialmente en situaciones en las que haya contacto físico cercano (por ejemplo, al cuidar a sus hijos).

Coloque las vendas usadas en una bolsa plástica sellada antes de echarlas a la basura. Haga lo mismo con la costra cuando se le caiga. No comparta ninguna toalla. Lave todo artículo que haya estado en contacto con el sitio de la vacuna. Lávese bien las manos después de tocar el sitio donde se aplicó la vacuna o las vendas, ropa, sábanas o toallas que hayan tocado el sitio de la vacuna.

El sitio donde se aplicó la vacuna debe examinarse aproximadamente siete días después de la vacunación a fin de asegurarse de que la vacuna está surtiendo efecto.

6 Algunas personas no deberían vacunarse contra la viruela o deberían esperar antes de hacerlo.

Véanse los Suplementos C, D y E para más información.

Uso sistemático en situaciones que no son de emergencia (no hay brote de viruela)

- Toda persona que tenga eczema o dermatitis atópica, o que tenga antecedentes de cualquiera de estas dos afecciones, no deberá vacunarse contra la viruela.
- Toda persona que presente una afección de la piel que ocasione lesiones (tales como una erupción alérgica, quemadura grave, impétigo, varicela, culebrilla, o acné grave) deberá esperar hasta que esta afección haya desaparecido antes de vacunarse contra la viruela.
- Toda persona cuyo sistema inmunológico (inmunitario) esté debilitado no deberá vacunarse contra la viruela. Esto incluye a toda persona que:
  - Tenga el VIH/SIDA u otra enfermedad que afecte el sistema inmunológico.
  - Tenga una depresión significativa del sistema inmunológico debido a una enfermedad autoinmunitaria como, por ejemplo, el lupus eritematoso sistémico.
  - Se esté sometiendo, o se haya sometido recientemente, a un tratamiento que comprenda medicamentos que afectan el sistema inmunológico, tales como esteroides, algunos medicamentos para enfermedades autoinmunitarias o medicamentos relacionados con un transplante de órgano o de médula ósea.
  - Tenga leucemia, linfoma o la mayoría de los demás tipos de cáncer.
  - Esté siguiendo un tratamiento contra el cáncer que conste de radiaciones o de medicamentos, o se haya sometido a este tipo de tratamiento durante los últimos tres meses.
- Las embarazadas no deben vacunarse contra la viruela.
- Las mujeres deben evitar quedar embarazadas durante las cuatro semanas siguientes a la vacunación contra la viruela.

Además, las personas que vivan o tengan un contacto físico muy cercano con otra persona que se encuentre en alguna de las categorías anteriores no deberá vacunarse contra la viruela en vista del riesgo que esto representa para ese contacto cercano. (Un contacto cercano incluye toda persona que viva en su hogar y toda persona con quien usted tenga un contacto físico muy cercano como, por ejemplo, una pareja sexual. No se incluyen los amigos ni compañeros de trabajo.)

- La vacuna contra la viruela no se recomienda para ninguna persona menor de 18 años.
- No se vacune contra la viruela si alguna vez ha tenido una reacción alérgica a la **polimixina B, estreptomicina, clortetraciclina, neomicina** o a una **dosis previa de la vacuna contra viruela** que puso en peligro su vida
- Las madres que estén amamantando no deberán vacunarse contra la viruela.
- Las personas que utilicen gotas para los ojos que contengan esteroides no deberán vacunarse contra la viruela.
- Quienes presentan una enfermedad leve o grave el día en que está prevista la vacunación usualmente deberían esperar hasta que se recuperen antes de vacunarse contra la viruela.

Si tiene alguna pregunta respecto de algunas de las afecciones descritas anteriormente, consulte con su proveedor de atención médica antes de vacunarse.

Uso en caso de emergencia (brote de viruela)

- Estas restricciones quizás no tengan validez en caso de un brote de viruela.

7 ¿Cuáles son los riesgos de la vacuna contra la viruela?

Véase el Suplemento A, para más información.

Una vacuna, al igual que un medicamento, puede ocasionar problemas graves, incluso los que aún desconocemos, así como reacciones alérgicas de gravedad. El riesgo de que la vacuna contra la viruela ocasione daños graves, o la muerte, es muy pequeño. La información que se presenta a continuación tiene que ver con las reacciones **conocidas** a la vacuna contra la viruela.

Problemas leves a moderados

- Erupción leve, de una duración de dos a cuatro días.
- Fiebre por encima de los 100 ° F (cerca de 10% de los adultos).
- Ampollas en otros lugares del cuerpo (aproximadamente 1 de cada 1.900).

Cerca de una tercera parte de las personas que se vacunan pueden sentirse lo suficientemente enfermas como para faltar

Continuación...

al trabajo o a la escuela, reducir sus actividades recreativas o tener dificultad para dormir.

Problemas moderados a graves (que requieren de atención médica inmediata)

- Infección ocular debido a la propagación del virus de la vacuna a los ojos que puede conducir a pérdida de la vista.
- Erupción en todo el cuerpo que usualmente desaparece sin problemas (En el pasado, esto ocurrió en hasta 1 persona de cada 4,000 vacunadas).

Problemas que pueden poner en peligro la vida

- Erupción grave en las personas que tienen eczema o dermatitis atópica que puede ocasionar cicatrices o la muerte (hasta 1 de cada 26,000).
- Encefalitis (reacción cerebral grave) que puede producir una lesión cerebral permanente o la muerte (hasta 1 de cada 83,000).
- Infección gradual grave que comienza en el sitio donde se aplicó la vacuna, lo cual puede ocasionar cicatrices o la muerte (hasta 1 de cada 667,000 personas, la mayoría de ellas tienen un sistema inmunológico debilitado).

De cada millón de personas vacunadas en el pasado, entre 14 y 52 presentaron una reacción a la vacuna contra la viruela que pudo poner en peligro su vida, y una o dos murieron.

Las personas que tengan contacto directo con el sitio de la vacuna de una persona que se haya vacunado, o con materiales que hayan tocado el sitio donde se aplicó la vacuna, pueden desarrollar también una reacción si se infectan con el virus de la vacuna.

8 ¿Qué sucede si ocurre una reacción moderada o grave?

Véanse los Suplementos A y B para más información.

Vigile lo siguiente:

- Un sitio donde se haya aplicado la vacuna que no parezca estar sanando normalmente, una erupción o dolor en otras partes del cuerpo, una infección en los ojos, un dolor de cabeza o fiebre persistente, confusión, convulsiones, dificultad para mantenerse despierto, u otro problema inesperado. Entre los signos de una reacción alérgica grave se encuentran dificultad respiratoria, ronquera, espasmos, urticaria, palidez, debilidad, aceleración del ritmo cardíaco o mareos que ocurren de unos minutos a varias horas después de la vacunación.

Si usted, o alguien con quien tiene contacto físico cercano, presenta alguno de estos signos, o si le preocupa *cualquier* trastorno que presente después de la vacunación:

- Llame a un proveedor de atención médica o busque atención médica inmediata para la persona afectada.

- Infórmele al proveedor de atención médica que usted fue vacunado y cuándo se vacunó.

- Pídale a su médico o enfermera que emita un Informe de efectos adversos a la vacuna (formulario VAERS) y póngase en contacto con su departamento de salud. Asimismo, si desea redactar un informe usted mismo, visite el sitio web de VAERS en http://www.vaers.org o llame al 1-800-822-7967.

Tratamiento de las reacciones graves

- La inmunoglobulina de vaccinia (IGV) puede ayudar a las personas que presentan ciertas reacciones graves a la vacuna. En algunos casos, puede utilizarse un segundo medicamento llamado cidofovir. Ninguno de estos dos medicamentos está autorizado para este fin y pueden tener sus propios efectos secundarios.

Costo del tratamiento de las reacciones a la vacuna

- El tratamiento de las reacciones graves puede ser muy costoso. Los planes de indemnización laboral o de seguro médico quizás no los cubran.

- No existe ningún programa federal que le compense por el tiempo que se ausentó del trabajo, ya sea por enfermedad debida a la vacunación o por preocupación acerca del riesgo de trasmitir el virus a otras personas. Su empleador puede decirle si él mismo, o los planes de indemnización laboral, cubrirán estos gastos.

9 ¿Cómo puedo obtener más información?

- Lea los suplementos de los enunciados informativos sobre la vacuna contra la viruela.
- Consulte a su médico o enfermera. Ellos podrán mostrarle el folleto del paquete de la vacuna o sugerirle otras fuentes de información.
- Llame al departamento de salud de su localidad o estado.
- Póngase en contacto con los Centros para el Control y la Prevención de Enfermedades (CDC):
  - Llame al **1-888-246-2857** (español)
  - Llame al **1-888-246-2675** (inglés)
  - Llame al **1-866-874-2646** (TTY)
  - Visite nuestro sitio web sobre la viruela en http://www.cdc.gov/spanish/bt/

Departamento de Salud y Servicios Sociales de Estados Unidos
Centros para el Control y la Prevención de Enfermedades (CDC)
National Immunization Program

Vaccine Information Statement
Smallpox Vaccine — Spanish (1/16/03)

天花疫苗

您需要知道什麼

1 什麼是天花？

天花是一種嚴重的疾病，感染者死亡率高達 30%。
它是由天花病毒引起的，透過密切接觸在人與人之間傳播。
天花亦會引起：
- 嚴重皮疹，治愈後會留下疤痕
- 高燒
- 疲勞
- 嚴重頭痛與背痛
- 失明

世界上最後一個天然獲得天花病例是在 1977 年。

2 為何接種疫苗？

天花疫苗可保護在實驗室內處理天花或相關病毒的人員。

據認爲恐怖份子或美國的敵對政府亦可能擁有天花病毒，並可能將其作爲生化武器。天花疫苗可以保護醫護人員及其他第一線人員不會感染天花疾病。這些人員將確定需要接種疫苗的其他人，以控制天花爆發並建立公共接種疫苗診所。

天花爆發或突發時，天花疫苗可以保護人們不受天花病毒的攻擊。

3 天花疫苗

天花疫苗是由一種稱爲**牛痘**的病毒製造的。牛痘病毒與天花病毒類似，但危害性較少。牛痘疫苗可以保護人們不會感染天花。牛痘疫苗不含天花病毒。

*接觸之前*接種疫苗可以保護大多數人不會感染天花。*接觸後 3 天內*接種疫苗可以預防此疾病或至少可降低疾病的嚴重度。*接觸後一週內*接種疫苗仍然可以降低疾病的嚴重度。不受感染的有效性爲 3 至 5 年，10 年或更長時間不會得嚴重天花疾病或因天花而死亡。

4 誰應接種天花疫苗？何時接種？

日常非緊急使用（未爆發）

- 處理傳染或感染有牛痘或其他相關病毒（例如，猴豆、牛痘、天花）的培殖物或動物的實驗室工作人員。
- 公共衛生、醫院及其他可能對天花病例或爆發應急的人員，通常爲 18-65 歲。

緊急使用（天花爆發）

- ***直接接觸***天花病毒的任何人均應在接觸後儘早接種一劑疫苗。
- 具有***潛在接觸***天花病毒風險的任何人都可能需要在風險發生或知道後接種一劑疫苗。

根據風險而定，已接種疫苗的人可能需要在 3-10 年後再接種疫苗。

5 接種疫苗後

請參閱 VIS 附錄 A 與 B 以取得更多資訊。

預期的副作用

接種疫苗處會出現水泡，不久會結痂。痂脫落後，會留下疤痕。

亦可能會在水泡痊愈後出現淋巴結腫脹觸痛 2-4 週、接種疫苗處發癢、疲勞、輕微的發燒、頭痛或肌肉痛。

接種疫苗處的護理

痂脫落之前，牛痘病毒會傳播給其他人或自身的其他部位。爲防止此現象，請用紗布繃帶寬鬆地包住接種疫苗處。(工作中的醫護人員需要採取額外措施，如用包裹紗布的半滲透性敷料。)

需要時請更換繃帶 (如果僅使用紗布繃帶則每隔 1-3 天更換；如果使用半滲透性敷料則至少每隔 3-5 天)。洗澡時請使用防水繃帶。觸摸接種疫苗處後，請先洗手再觸摸身體的其他部位。請勿抓擦接種疫苗處或在接種疫苗處塗藥膏。**更換繃帶或觸摸接種疫苗處後，請勿觸摸眼睛或身體的任何其他部位。**

續 . . .

穿能包裹住接種疫苗處的襯衫作爲額外的預防措施，尤其是在密切身體接觸時 (例如，撫育小孩時)。

將用過的繃帶放在塑膠袋中並繫住袋口，然後丟棄。用同樣的方式處理脫落的痂。

請勿共用毛巾。洗滌與接種疫苗處有接觸的物品。在觸摸接種疫苗處或觸摸與該處有接觸的繃帶、衣服、被褥或毛巾後，請洗手。

接種疫苗後大約 7 天應檢查接種疫苗處，以確保疫苗是否有效。

6 有些人不能接種天花疫苗或應等待一段時間。

請參閱 VIS 附錄 C、D 及 E 以取得更多資訊。

日常非緊急使用 (未爆發)

• 有濕疹或異位性皮膚炎或者有這兩種中的一種病史的任何人都不能接種天花疫苗。

• 患有***會導致皮膚裂口***的皮膚病 (如過敏性皮疹、嚴重燒傷、膿胞病、水痘、帶狀泡疹或嚴重粉刺) 的任何人應等待病症消除後再接種天花疫苗。

• 免疫系統低下的任何人不能接種天花疫苗，包括：
- 患有 HIV/AIDS 或其他會影響免疫系統的疾病的任何人。
- 因嚴重自身免疫性疾病 (如全身性紅斑狼瘡) 而免疫系統受到嚴重抑制的任何人。
- 正使用或最近剛使用會影響免疫系統的藥物 (如類固醇) 、某些用於自身免疫性疾病的藥物或與器官或骨髓移植有關的藥物治療的任何人。
- 患有白血病、淋巴瘤或大多數其他癌症的任何人。
- 使用 X 光或藥物正在進行癌症治療或在過去 3 個月採用過此類治療方法的任何人。

• 孕婦不能接種天花疫苗。

• 接種疫苗後 4 週內婦女應避免懷孕。

與屬於上述任何一類的人生活在一起或有密切身體接觸的人不能接種天花疫苗，因為它會給該密切接觸者帶來風險。(密切接觸者包括在家裡一起生活的任何人及與您有密切身體接觸的任何人，如性夥伴。他們並不包括與您一起工作的朋友或其他人。)

• 建議未滿 18 歲人士不要接種天花疫苗。

•如果曾對**多黏菌素 B (Polymyxin B)**、**鏈黴素 (Streptomycin)**、**氯四環素 (Chlortetracyclive)**、**新黴素 (Neomycin)** 或上一劑天花疫苗有危及生命的過敏反應，請勿接種天花疫苗。

• 正在哺乳的母親不能接種天花疫苗。

• 眼睛使用了類固醇滴劑的人不能接種天花疫苗。

• 計劃接種疫苗時患有中度或嚴重疾病的人通常應等待身體恢復健康後，再接種天花疫苗。

如果遇到有關上述任何狀況的問題，請在接種天花疫苗之前先諮詢醫護單位。

緊急使用 (天花爆發)

• 以上限制並不適用於天花爆發時。

7 天花疫苗有什麼風險？

請參閱 VIS 附錄 A 以取得更多資訊。

以下是有關**已知的**天花疫苗副作用之資訊。與任何藥物一樣，疫苗可能會導致嚴重問題，包括目前我們還不知道的問題，以及嚴重的過敏反應。天花疫苗導致嚴重損害或死亡的風險很小。

輕微與中度問題

• 輕微皮疹，持續 2-4 天。
• 高於 100°F 的發燒 (大約 10% 的成年人)。
• 身體的其他部分出現水泡 (大約每 1,900 人中出現 1 人)

大約三分之一的人接種疫苗後會感到身體不適而無法工作或上學，減少康樂活動，或可能會有暫時的失眠。

續...

中度與嚴重問題（需要立即進行醫療觀察）

• 由於疫苗病毒擴散到眼睛而導致眼睛發炎，可能會導致失明。
• 全身皮疹 (每 4,000 人中最多有 1 人)，通常可以解決。

潛在性危及生命的問題

• 有濕疹或異位性皮膚炎的人身上出現嚴重皮疹 (每 26,000 人中最多有 1 人)，可能會導致瘢疤或死亡。
• 腦炎 (嚴重腦反應) (每 83,000 人中最多有 1 人)，可能會導致永久腦損傷或死亡。
• 在接種疫苗處開始出現嚴重蔓延性感染 (每 667,000 人中最多有1 人，大多數爲免疫系統低下的人)，可能會導致瘢疤或死亡。

在過去每一百萬接種疫苗的人中，有 14 至 52 人對天花疫苗有危及生命的反應，有 1-2 人死亡。

直接接觸已接種疫苗者的接種疫苗處或直接接觸與該處接觸的物體的人，如果感染了疫苗病毒，亦會有不良反應。

8 如果出現中度或嚴重反應，怎麼辦？

請參閱 VIS 附錄 A 與 B 以取得更多資訊。

請查看是否出現下列狀況：

• 接種疫苗處看起來未正常治愈、身體其他部位出現皮疹或疼痛、眼睛發炎、持續頭痛或發燒、精神紊亂、抽筋、神志不清或其他未預期的問題。嚴重過敏反應的徵兆可能包括在接種疫苗後數分鐘到數小時內出現呼吸困難、聲音嘶啞或喘息、麻疹、面色蒼白、無力、心跳快速或昏眩。

如果您或與您密切身體接觸者遇到上述任何狀況，或想瞭解接種疫苗後遇到的*任何*狀況，請：

• 致電醫護單位，或立即接受個人醫療護理。

• 告訴醫護單位，您已接種天花疫苗及接種時間。

• 要求醫生或護士將 Vaccine Adverse Event Report (疫苗副作用事件報表，VAERS 表) 存檔，並與衛生部門聯絡。您亦可透過瀏覽VAERS 網站 (http://www.vaers.org) 或致電 1-800-822-7967，自己將報告存檔。

治療嚴重副作用

• 苗痘免疫球蛋白 (Vaccinia Immune Globulin, VIG) 有助於治療對天花疫苗有某些嚴重副作用的人。在某些情況下，也可以使用另一種藥物即 cidofovir (西多福韋)。這兩種藥物都未授權用於此目的，它們本身都有副作用。

治療疫苗副作用的費用

• 治療嚴重副作用的費用非常高。勞工賠償或健康保險可能未包含這些費用。

• 目前沒有一項聯邦計劃可以對由於接種疫苗引起疾病或爲免將病毒傳播給他人所造成誤工之損失而作出賠償。如果您的僱主或勞工賠償包含這些費用，僱主可以告知您。

9 如何才能瞭解更多資訊？

• 閱讀 VIS 附錄。

• 諮詢醫生或護士。他們可以給您看疫苗包裝說明書或提議其他資訊來源。

• 致電您當地或州政府的衛生部門。

• 請與疾病控制與預防中心 (CDC) 聯絡：

- 致電 **1-888-246-2675** (英語)

- 致電 **1-888-246-2857** (西班牙語)

- 致電 **1-866-874-2646** (TTY)

- 瀏覽我們的天花網站：http://www.cdc.gov/smallpox/

U.S. Department of Health & Human Services
美國健康與人類服務部
Centers for Disease Control and Prevention
疾病控制與預防中心
National Immunization Program
國家免疫計劃

Smallpox (1/16/03) (Chinese) Vaccine Information Statement

SMALLPOX VACCINE INFORMATION STATEMENT (VIS) SUPPLEMENT A

Reactions After Vaccination

The smallpox vaccine is made from a live virus related to smallpox called vaccinia (not smallpox virus). The vaccine stimulates the immune system to react against the vaccinia virus, and develop immunity to it. Immunity to vaccinia also provides immunity to smallpox. For most people, live virus vaccines are safe and effective.

After smallpox vaccination, most people experience normal, typically mild reactions to the vaccine, which indicate that it is beginning to work. Some people may experience more severe reactions that may require medical attention. Consult the "Smallpox Vaccine Information Statement" (VIS), or relevant supplemental fact sheets for information on people who should not be vaccinated at this time.

Following are listings of what you may expect, and conditions that you should be watchful for:

Normal, Typically Mild Reactions

These reactions usually go away without treatment. They can start right away, or they may not start until a week or more after vaccination:

- The arm receiving the vaccination may be sore and red where the vaccine was given.
- The glands in the armpits may become large and sore.
- The vaccinated person may run a low fever.
- The vaccinated person may have other symptoms like fatigue, headache, or muscle aches.
- One out of 3 people may feel bad enough to miss work, school, or recreational activity or have trouble sleeping.
- The vaccination site may start itching after a few days, this could last until the scab falls off.

Other Things to Expect with Normal Reactions

A recent study found:

- The average size of the pustule (pus-filled blister) at the vaccination site was half an inch.
- The average size of the redness and/or swelling at the vaccination site was 2/3 of an inch.
- Up to 15% of people vaccinated had redness and/or swelling larger than 3 inches, sometimes involving the whole arm. This is usually seen around 7 to 10 days after vaccination.
- Up to 47% of people vaccinated reported pain at the vaccination site, but most said it did not keep them from normal activities.
- About 10% had a fever of 100°F or more. (This can be treated with ibuprofen or acetaminophen.)
- An allergic rash sometimes occurred where the first aid adhesive tape holding the gauze bandage in place touched the vaccine recipient's skin.

If you are concerned about normal reactions:

While these reactions usually go away on their own, if you are concerned about reactions of this type, call the phone number provided on the "Post-Vaccination and Follow-Up Information Sheet" given to you at the time of your vaccination, or call your health care provider.

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Symptoms That May Mean You Require Medical Attention

Some people may experience more severe reactions that may require medical attention. You should be aware of symptoms that might indicate you are experiencing such a reaction.

Be watchful for the following symptoms:

- Your vaccine site doesn't look like it is healing normally.
- You develop a rash or sore on other parts of your body.
- You develop a persistent headache (lasting more than 24 hours) or high fever, confusion or seizures.
- You have difficulty staying awake.
- You have difficulty breathing, hoarseness or wheezing.
- You develop hives, paleness, weakness, a fast heartbeat or dizziness.
- You develop an eye infection.
- You develop some other atypical, unexpected problem.

If any of the above occur, call the phone number provided on the "Post-Vaccination and Follow-Up Information Sheet" given to you at the time of your vaccination, or call your health care provider.

Serious Reactions That Should Be Evaluated

In the past, about 1,000 people for every 1 million people vaccinated for the first time had reactions that, while not life-threatening, were serious. These reactions may require medical attention:

- A vaccinia rash or outbreak of sores limited to one area (inadvertent inoculation). This is an accidental spreading of the vaccinia virus caused by touching the vaccination site and then touching another part of the body or another person before washing of hands. It usually occurs on the genitals or face, and can include the eyes, where it can damage sight or lead to blindness. Washing hands with soap and water after touching the vaccine site will help prevent this. **Note: If the eyes are affected, seek immediate attention.**
- A widespread vaccinia rash (generalized vaccinia). The virus spreads from the vaccination site through the blood. Sores break out on parts of the body away from the vaccination site.
- An allergic rash in response to the vaccine (erythema multiforme). This can take various forms such as red spots, bumps, or hives.
- Red streaks coming out from the vaccination site are most likely a normal reaction, but could be an infection and should be checked.

Life-Threatening Reactions That Need Immediate Attention

Rarely, people have had very bad reactions to the vaccine. In the past, between 14 and 52 people per 1 million people vaccinated for the first time had potentially life-threatening reactions, and 1 or 2 died. These reactions require **immediate** medical attention:

- Serious skin rashes (eczema vaccinatum). This is caused by widespread infection of the skin in people with skin conditions such as eczema or atopic dermatitis and can lead to scarring or death.
- Ongoing infection of skin at the vaccination site with tissue destruction (progressive vaccinia or vaccinia necrosum) that can lead to scarring or death.
- Inflammation of the brain (postvaccinal encephalitis) that can lead to disability or death.

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VIS SUPPLEMENT A: Reactions after Vaccination

(continued from previous page)

If you believe you are having one of the reactions above:

Call the phone number provided on the "Post-Vaccination and Follow-Up Information Sheet" given to you at the time of your vaccination, call your health care provider, or visit an emergency room.

Treatment for Serious or Life-threatening Reactions

Two treatments may help people who have certain serious reactions to the vaccine: Vaccinia Immune Globulin (VIG) and cidofovir. Neither drug is currently licensed for this purpose, and may have side effects of their own. More information on each will be available at the clinic facility or can be found at the website listed below.

Unsuccessful Vaccination

Around 3% of people may have no reaction from the vaccine. This could mean that vaccination was not successful and you are not protected. In this case, you would need to be vaccinated again.

Note: *Adverse events in the U.S. today may be higher than in the past because there may be more people at risk from immune suppression and eczema or atopic dermatitis. The outcome associated with adverse events may be less severe because of advances in medical care. Rates may be lower for persons previously vaccinated.*

INFORME SOBRE VACUNAS (VIS) – SUPLEMENTO A

Reacciones posteriores a la vacunación

La vacuna contra la viruela se elabora a partir de un virus vivo relacionado con la viruela llamado vaccinia (no es el virus de la viruela). Esta vacuna estimula el sistema inmunológico para que reaccione contra el virus vaccinia y se haga inmune a él. La inmunidad a la vaccinia también crea inmunidad a la viruela. En la mayoría de las personas, las vacunas del virus vivo resultan inocuas y eficaces.

Después de vacunarse contra la viruela, la mayoría de las personas presenta reacciones normales y por lo general leves que indican que la vacuna ha comenzado a surtir efecto. Sin embargo, algunas personas pueden presentar reacciones más graves que requieren atención médica. Consulte el "Enunciado informativo sobre la vacuna contra la viruela" o las hojas informativas complementarias a fin de obtener mayor información acerca de las personas que no deben vacunarse en este momento.

A continuación se presenta una lista de lo que puede esperar y las condiciones que debe vigilar:

Reacciones normales, usualmente leves

Por lo general, las siguientes reacciones desaparecerán sin tratamiento. Estas reacciones pueden comenzar de inmediato o tal vez sólo aparezcan al cabo de una semana o más, después de la vacunación:

- Dolor y enrojecimiento de la parte del brazo donde se aplicó la vacuna.
- Dolor e hinchazón de los ganglios de las axilas.
- Fiebre no muy alta.
- La persona vacunada puede presentar otros síntomas, tales como cansancio, dolor de cabeza o dolores musculares.
- Una de cada tres personas puede sentirse lo suficientemente mal como para faltar al trabajo, a la escuela, a sus actividades de recreación o tener dificultad para dormir.
- Al cabo de varios días, puede producirse una picazón en el sitio de la vacuna que puede durar hasta que se caiga la costra.

Otras cosas que se pueden esperar en los casos de reacciones normales

Un estudio reciente determinó que:

- El tamaño promedio de la pústula (ampolla llena de pus) en el sitio de la vacuna era de media pulgada.
- El tamaño promedio del enrojecimiento o inflamación en el sitio de la vacuna era de aproximadamente 2 centímetros (2/3 de pulgada).
- Hasta 15% de las personas vacunadas mostraba enrojecimiento o inflamación de un tamaño superior a las tres pulgadas y, en algunas ocasiones, abarcaba todo el brazo. Esto se observa por lo general, de diez a siete días después de la vacunación.
- Hasta 47% de las personas vacunadas dijeron sentir dolor en el sitio donde se aplicó la vacuna, pero la mayoría indicó que esto no le impedía desempeñar sus actividades normales.
- Cerca de 10% presentaba fiebre de 100 °F o más. (Esto puede tratarse con ibuprofeno o acetaminofén.)

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- Algunas veces se producía una erupción alérgica en el lugar donde el adhesivo que sujetaba la venda de gasa hacía contacto con la piel de la persona vacunada.

Si tiene alguna inquietud con respecto a las reacciones normales
Aunque estas reacciones por general desaparecen por sí solas, si le preocupan, llame al número de teléfono que se proporciona en la "Hoja informativa de posvacunación y seguimiento" que recibió cuando se vacunó, o llame a su proveedor de atención médica.

Síntomas que pueden indicar que necesita atención médica

Algunas personas pueden presentar reacciones más graves que requieren atención médica. Es importante conocer los síntomas que pueden indicar que está desarrollando dichas reacciones.

Vigile los siguientes síntomas:

- El sitio de la vacuna no parece estar sanando normalmente.
- Presenta una erupción o dolor en otras partes del cuerpo.
- Siente un dolor de cabeza persistente (que dura más de 24 horas) o una fiebre elevada, confusión o convulsiones.
- Le resulta difícil mantenerse despierto.
- Tiene dificultad para respirar y presenta ronquera o espasmos.
- Le da urticaria, está pálido, se siente débil, se le acelera el ritmo cardíaco, siente mareos.
- Tiene una infección ocular.
- Presenta cualquier otro problema inesperado o fuera de lo común.

Si presenta alguno de los síntomas anteriores, llame al número de teléfono que figura en la "Hoja informativa de posvacunación y seguimiento" que recibió cuando se vacunó, o llame a su proveedor de atención médica.

Reacciones graves que deben evaluarse

En el pasado, cerca de mil de cada millón de personas vacunadas por primera vez presentaban reacciones que, si bien no ponían en peligro su vida, eran graves. Las siguientes reacciones pueden exigir atención médica:

- Una erupción, o un brote de llagas, causada por el virus vaccinia, que se limita a un lugar del cuerpo (inoculación inadvertida). Ésta es la propagación accidental del virus vaccinia ocasionada por tocar el sitio de la vacuna y luego otra parte del cuerpo o a otra persona antes de lavarse las manos. Esto suele ocurrir en los órganos genitales o en la cara, y puede incluir los ojos, donde puede dañar la vista y hasta causar ceguera. Para evitar esta reacción, es necesario lavarse las manos con agua y jabón después de tocar el sitio de la vacuna. **Nota: Si se ven afectados los ojos, busque atención médica de inmediato.**
- Una erupción generalizada causada por el virus vaccinia (vaccinia generalizada). El virus se propaga desde el sitio de la vacuna a través de la sangre. Aparecen llagas que se abren en partes del cuerpo alejadas del sitio donde se aplicó la vacuna.
- Una erupción alérgica como reacción a la vacuna (eritema multiforme). Esto puede manifestarse de diversas maneras, tales como manchitas rojas, abultamientos o urticaria.
- Es muy probable que las estrías rojas que salen del sitio de la vacuna sean una reacción normal; sin embargo, también es posible que se trate de una infección y, por lo tanto, debe verificarse.

Reacciones que pueden poner en peligro la vida y exigen atención inmediata

En contadas ocasiones, las personas presentan reacciones muy graves a la vacuna. En el pasado, entre 14 y 52 personas por cada millón de las vacunadas por primera vez desarrollaron reacciones que podían poner en peligro la vida y 1 ó 2 murieron.
Las siguientes reacciones exigen atención médica **inmediata**:

- Erupciones graves (eczema vaccinatum). Esto es causado por la infección generalizada de personas con enfermedades de la piel tales como eczema o dermatitis atópica y puede provocar cicatrices o la muerte.
- Infección continua de la piel en el sitio de la vacuna con destrucción de tejido (vaccinia progresiva o vaccinia necrosum) que frecuentemente conduce a la muerte.
- Inflamación del cerebro (encefalitis posvacunación) que puede producir discapacidad o la muerte.

Si cree que está presentando alguna de las reacciones anteriores

Llame al número de teléfono que aparece en la "Hoja informativa de posvacunación y seguimiento" que recibió cuando se vacunó, llame a su proveedor de atención médica o acuda a la sala de urgencias.

Tratamiento de las reacciones graves o que pueden poner en peligro la vida

Hay dos tratamientos posibles para las personas que presentan ciertas reacciones graves a la vacuna: inmunoglobulina de vaccinia (IGV) y cidofovir. Ninguno de estos dos medicamentos está autorizado para este fin y pueden tener sus propios efectos secundarios. Usted puede obtener más información acerca de estos medicamentos en el centro clínico o en el sitio web que se indica más abajo.

Vacunación sin resultado

Cerca de 3% de las personas tal vez no tengan ninguna reacción a la vacuna. Esto puede indicar que la vacunación no dio resultado y que usted aún no está protegido. En este caso, deberá vacunarse nuevamente.

Nota: *Hoy en día, en los Estados Unidos, las reacciones adversas pueden ser mayores que en el pasado ya que es posible que un mayor número de personas esté expuesto al riesgo de depresión del sistema inmunológico, así como de eczema o dermatitis atópica. Las consecuencias relacionadas con incidentes negativos quizás sean menos graves debido a los avances de los tratamientos médicos. Los índices tal vez sean más bajos para las personas que ya se habían vacunado antes.*

Para más información, visite www.cdc.gov/smallpox, o llame a la línea de ayuda de los CDC para información al público al (888) 246-2675 (inglés), (888) 246-2857 (español), o (866) 874-2646 (TTY).

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天花疫苗資訊聲明 (VIS) 附錄 A

接種疫苗後的反應

天花疫苗是由一種稱爲牛痘 (不是天花病毒) 的與天花相關的活性病毒製造的。疫苗會刺激免疫系統抵抗牛痘病毒，並對其產生免疫性。牛痘的免疫性亦提供天花的免疫性。對於大多數人，活性病毒疫苗是安全、有效的。

接種天花疫苗後，大多數人對疫苗有正常的、典型的輕微反應，這表示疫苗正在起作用。亦有些人可能會有嚴重的反應因而需要接受醫療。請查閱「天花疫苗資訊聲明」(VIS) 或相關補充說明書，以獲得有關不能接種疫苗者的資訊。

以下是可能會出現的狀況及應注意的狀況：

正常的、典型的輕微反應

通常，這些反應無需治療就會消失。接種疫苗後，它們可能會立即發生，或者於一週或更長時間後發生：

- 接種疫苗的手臂可能會疼腫且接種疫苗處會呈紅色。
- 腋下腺可能會變大且疼腫。
- 接種疫苗者可能會發低燒。
- 接種疫苗者可能會有疲勞、頭痛或肌痛等其他症狀。
- 三分之一的人可能會感覺不舒服，而不能參加工作、上學或參與娛樂活動，或失眠。
- 幾天後接種疫苗處可能會開始發癢，這可能會持續到痂脫落爲止。

正常反應預期的其他狀況

最新研究發現：

- 接種疫苗處膿皰 (充滿膿的水泡) 的平均大小是半英吋。
- 接種疫苗處紅腫塊的平均大小是 2/3 英吋。
- 多達 15% 的接種疫苗者的紅腫塊大於 3 英吋，有時甚至是整個手臂。通常在接種疫苗後大約 7 至 10 天可以看得見。
- 多達 47% 的接種疫苗者感到接種疫苗處疼痛，但大多數人認爲不影響正常活動。
- 大約 10% 的接種疫苗者有 100°F 或更高的發燒症狀。(這可以用布洛芬Ibuprofen或普拿疼Acetaminopnen一般的止痛藥來治療。)
- 如果固定紗布繃帶的急救黏性繃帶接觸了接種疫苗者的皮膚，有時會患過敏性皮疹。

如果您擔心正常反應：

雖然這些反應通常會自行消失，但如果您擔心此類反應，請致電在您接種疫苗時提供給您的「Post-Vaccination and Follow-Up Information Sheet」(接種疫苗後服務與跟進資訊表)上提供的電話號碼，或致電你的醫護單位。

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可能意味著您需要進行治療的症狀

如有嚴重反應時，您可能會有需要進行治療。您應注意您是否有以下的症狀。
請留意下列症狀：

- 接種疫苗處看起來未正常治愈。
- 身體其他部位出現皮疹或疼腫。
- 持續頭痛 (持續時間超過 24 小時) 或高燒、精神紊亂或抽筋。
- 神志不清。
- 呼吸困難、聲音嘶啞或喘鳴。
- 出現麻疹、面色蒼白、無力、心跳快速或昏眩。
- 眼睛發炎。
- 出現一些其他的非典型、未預期的問題。

如果出現以上任何一種症狀，請致電在您接種疫苗時提供給您的「Post-Vaccination and Follow-Up Information Sheet」(接種疫苗後服務與跟進資訊表) 上提供的電話號碼，或致電您的醫護單位。

對嚴重反應應作評估

在過去，每一百萬個第一次接種疫苗者中大約 1,000 人有嚴重的反應 (但沒有危及生命)。下列反應可能需要治療：

- 小面積患牛痘疹或突然疼腫(疏忽所致)。這是由於下列方式引起的牛痘病毒意外傳播：觸摸了接種疫苗處，然後在未洗手之前觸摸身體的其他部位或接觸他人。通常出現在生殖器或臉部，可能包括眼睛 (可能會損壞視力或導致失明)。觸摸接種疫苗處後用肥皂與水洗手有助於預防此問題。**注意：如果眼睛受感染，請立即治療。**
- 大面積牛痘疹 (全身性牛痘)。病毒可透過血液從接種疫苗處傳播。疼腫可在遠離接種疫苗處的身體的其他部位突然發作。
- 疫苗引起的過敏性皮疹 (多線性紅斑)。這可能有各種類型，如紅斑、腫塊或麻疹。
- 接種疫苗處出現的紅條斑很可能是正常反應，但也可能是感染，應進行檢查。

需要立即治療的危及生命的反應

很少人對疫苗會有很嚴重的反應。在過去，每一百萬個第一次接種疫苗者中 14 至 52 人有危及生命的反應，有 1-2 人死亡。下列反應需要**立即**治療：

- 嚴重皮疹 (牛痘性濕疹)。這是由於皮膚病 (如濕疹或異位性皮膚炎) 患者的皮膚大面積感染引起的，可能會導致瘢疤或死亡。
- 在接種疫苗處出現蔓延性皮膚感染與組織壞損 (蔓延性牛痘或壞疽性牛痘)，可能會導致瘢疤或死亡。
- 腦炎 (疫苗接種後腦炎)，可能會導致傷殘或死亡。

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如果您認為有以上其中一種反應，請：
致電在您接種疫苗時提供給您的「Post-Vaccination and Follow-Up Information Sheet」(接種疫苗後服務與跟進資訊表) 上提供的電話號碼、致電您的醫護單位或到急救中心就診。

嚴重或危及生命的反應的治療方法
下列兩種治療方法可能有助於對疫苗有某種嚴重反應的人：苗痘免疫球蛋白 (VIG) 與 cidofovir (西多福韋)。這兩種藥物都未授權用於此用途，且本身都有副作用。您可以在診所或下列網站找到有關這兩種藥物的更多資訊。

接種疫苗不成功
大約 3% 的人可能對疫苗沒有任何反應。這可能表示接種疫苗不成功，您沒有受到保護。在這種情況下，您需要再次接種疫苗。

注意：*現在在美國接種疫苗發生的不良事件可能會比過去更多，因爲可能有更多人處於患免疫抑制症與濕疹或異位性皮膚炎的風險中。但是，由於具有先進的醫療技術，不良事件的後果可能沒那麼嚴重。之前接種過疫苗的人發生不良事件的機率可能會更低。*

有關更多資訊，請瀏覽 www.cdc.gov/smallpox，或致電 CDC 公共熱線：(888) 246-2675 (英語)、(888) 246-2857 (西班牙語) 或 (866) 874-2646 (TTY)。

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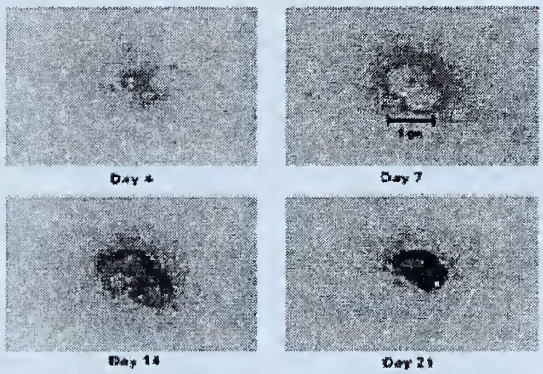
SMALLPOX VACCINE INFORMATION STATEMENT (VIS) SUPPLEMENT B

Vaccination Site Appearance and Care

Appearance
If the vaccination is successful, a red and itchy bump develops at the site of vaccination in 3 or 4 days. In the first week, the bump becomes a blister, fills with pus, and begins to drain. During the second week, the blister begins to dry up and a scab forms. The scab falls off in the third week, leaving a small scar. People vaccinated for the first time may have a stronger reaction than those who are being revaccinated.

The following pictures show the usual progression of the vaccination site:

Primary Vaccination Site Reaction



Major (primary) reaction – Expected site reaction and progression over the three weeks following first-time smallpox vaccination, or following revaccination after a prolonged period. Source: CDC.

Vaccination Site Evaluation
About 7 days after vaccination, you will need to keep an appointment for a vaccination site exam so that someone can evaluate your vaccination site to determine whether the vaccination was successful. The details of this appointment are on the "Post-Vaccination and Follow-Up Information Sheet" given to you at vaccination.

Look-out for:
If your vaccination site doesn't look like it is healing normally, or if you develop a rash or sore on other parts of your body, an eye infection, a persistent headache (lasting more than 24 hours) or high fever, confusion, seizures, difficulty staying awake, difficulty breathing, wheezing, hoarseness, hives, paleness, weakness, a fast heartbeat, dizziness or some other unexpected problem, call the phone number provided on the "Post-Vaccination and Follow-Up Information Sheet" or call your health care provider.

Site Care
There will be ***vaccinia virus*** at the site of your vaccination until the scab that forms after vaccination falls off on its own, between 2 and 3 weeks after vaccination. During this time, vaccinia can be spread to other parts of the body or to other individuals through direct contact (touching the vaccination site or a bandage

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Vaccination Site Appearance and Care
(continued from previous page)

or clothing contaminated with virus and then touching another part of your body or someone else before hand washing). You should avoid the spread of virus and keep the vaccination site clean and dry. Follow the instructions on the next page carefully.

Site Care Instructions
Follow these instructions until the scab that forms at the vaccination site has fallen off on its own.

WHAT YOU SHOULD DO:

- **When working in a health care setting, cover the vaccination site loosely with gauze, using first aid adhesive tape to keep it in place. Then cover the gauze with a semipermeable (or semiocclusive) dressing. Change the bandage at least every 3-5 days in order to prevent build-up of fluids and irritation of the vaccination site. Also wear a shirt that covers the vaccination site** as an additional barrier to spread of vaccinia. (A "semipermeable dressing" is one that does not allow for the passage of fluids but allows for the passage of air.)
- **When not at work in a health care setting**, you need only wear the **gauze bandage secured by first aid adhesive tape** over the vaccination site. Change the gauze bandage frequently (every 1-3 days). As an **added precaution** against spread of transmission, **wear a shirt** that covers the vaccination site as well. This is particularly important in situations of close physical contact such as occurs in the household.
- **Wash hands with soap and hot water** or with alcohol-based hand rubs such as gels or foams after direct contact with vaccine, the vaccination site, or anything that might be contaminated with live virus, including bandages, clothing, towels or sheets that came in contact with the vaccination site. This is vital in order to remove any virus from your hands and prevent contact spread.
- **Keep the vaccination site dry**. Cover the vaccination site with a waterproof bandage when you bathe. Remember to change back to the loose gauze dressing after bathing. If the gauze covering the vaccination site gets wet, change it.
- **Put the contaminated bandages in a sealed plastic bag and throw them away** in the trash.
- Keep a **separate laundry hamper** for clothing, towels, bedding or other items that may have come in direct contact with the vaccination site or drainage from the site.
- **Wash clothing or any other material that comes in contact with the vaccination site** using hot water with detergent and/or bleach. **Wash hands afterwards.**
- When the scab falls off, **throw it away in a sealed plastic bag** (remember to wash your hands afterwards).

WHAT YOU SHOULD *NOT* DO:

- **Don't use a bandage that blocks all air from the vaccination site.** This may cause the skin at the vaccination site to soften and wear away. Use loose gauze secured with first aid adhesive tape to cover the site and then cover this with a semipermeable dressing and shirt when at work in a health care setting.
- **Don't put salves or ointments on the vaccination site.**
- **Don't scratch or pick at the scab.** The vaccination site can become very itchy but you should not scratch it.

For more information, visit www.cdc.gov/smallpox, or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)

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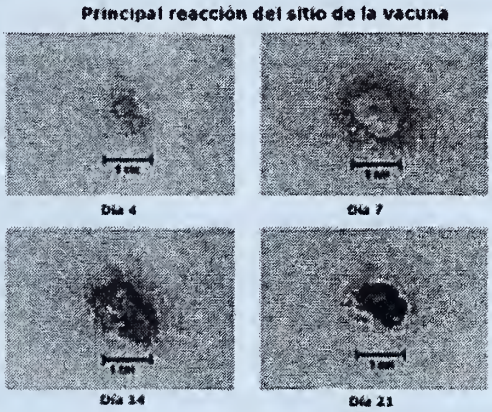
INFORME SOBRE VACUNAS – SUPLEMENTO B

Aspecto y cuidado del sitio donde se aplicó la vacuna

Aspecto

Si la vacunación es exitosa, al cabo de tres o cuatro días aparecerá, en el lugar donde se aplicó la vacuna, un abultamiento rojo que produce comezón. Durante la primera semana, el abultamiento se transforma en una ampolla que se llena de pus y luego el pus empieza a salir. Durante la segunda semana, la ampolla comienza a secarse y se forma una costra. La costra se cae durante la tercera semana y deja una cicatriz pequeña. Las personas que se vacunan por primera vez presentan una reacción más fuerte que las personas que ya se habían vacunado antes.

Las siguientes fotografías muestran la evolución normal del sitio de la vacuna:



Reacción principal (primaria) – Reacción y evolución prevista del sitio donde se aplicó la vacuna durante las tres semanas siguientes a la primera vacunación contra la viruela, o luego de una nueva vacunación dada al cabo de varios años. Fuente: CDC.

Evaluación del sitio donde se aplicó la vacuna

Aproximadamente siete días después de la vacunación, deberá ir a que alguien examine el sitio donde recibió la vacuna y determine si la vacunación resultó eficaz. Los detalles de esta cita se encuentran en la "Hoja informativa de posvacunación y seguimiento" que recibió cuando se vacunó.

Vigile lo siguiente:

Si el sitio donde le aplicaron la vacuna no parece estar sanando normalmente, si le sale una erupción o siente dolor en otras partes del cuerpo, si tiene una infección en los ojos, dolor de cabeza persistente (que dure más de 24 horas) o fiebre alta, confusión, convulsiones, dificultad para mantenerse despierto, dificultad respiratoria, espasmos, ronquera, urticaria, palidez, debilidad, aceleración del ritmo cardiaco, mareos o cualquier otro problema inesperado, llame al número que aparece en la "Hoja informativa de posvacunación y seguimiento" o llame a su proveedor de atención médica.

Cuidado del sitio donde se aplicó la vacuna

En el sitio donde se le aplicó la vacuna, estará presente el **virus vaccinia** hasta que la costra que se forma después de la vacunación se caiga por sí sola. Esto ocurre aproximadamente tres semanas después

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de la vacunación. Durante este tiempo, el virus vaccinia puede propagarse a otras partes del cuerpo o a otras personas mediante el contacto directo (por ejemplo, al tocar el sitio de la vacuna o una venda o prenda de vestir contaminada con el virus y luego tocar otra parte de su cuerpo o a otra persona sin antes lavarse las manos). Es importante que evite la propagación del virus y que mantenga el sitio de la vacuna limpio y seco. Siga las siguientes instrucciones.

Instrucciones para el cuidado del sitio donde se aplicó la vacuna

Siga estas instrucciones hasta que la costra que se forma en el sitio de la vacuna se caiga por sí sola.

LO QUE DEBE HACER:

- **Cuando trabaje en un centro de atención de salud, cúbrase el sitio donde se le aplicó la vacuna con una venda de gasa que le quede holgada y utilice adhesivo para sujetarla. Luego, cubra la gasa con un vendaje semipermeable (o semioclusivo). Cámbiese la venda por lo menos cada 3 a 5 días con el fin de prevenir la acumulación de líquidos y la irritación del sitio de la vacuna. Asimismo, use una camisa que le cubra el sitio donde se le aplicó la vacuna** como barrera complementaria contra la propagación del virus vaccinia. (Un "vendaje semipermeable" es aquel que no permite el paso de líquidos, pero sí permite el paso de aire.)
- **Cuando no trabaje en un centro de atención de salud**, sólo tiene que usar una venda de gasa y sujetarla con adhesivo sobre el sitio de la vacuna. Cambie la venda de gasa con frecuencia (cada 1 a 3 días). A modo de **precaución complementaria** contra la propagación o transmisión del virus, **use también una camisa** con manga que cubra el sitio de la vacuna. Esto es particularmente importante en situaciones en las que hay contacto físico cercano, como sucede en el hogar.
- **Lávese las manos con jabón y agua tibia** o con lociones para las manos a base de alcohol -- por ejemplo las que vienen en forma de gel o espumas -- después de haber tenido contacto directo con la vacuna, el sitio de la vacuna o cualquier otra cosa que pueda estar contaminada con el virus vivo, como las vendas, prendas de vestir, toallas o sábanas que hayan tenido contacto con el sitio donde se aplicó la vacuna. Esto es fundamental para eliminar todo virus que pueda estar presente en sus manos y evitar su propagación por medio del contacto.
- **Mantenga seco el sitio donde se aplicó la vacuna.** Cuando se bañe, cúbrase el sitio de la vacuna con una venda impermeable. Recuerde volver a ponerse la venda de gasa después de bañarse. Si se moja la gasa que le cubre el sitio de la vacuna, cámbiesela.
- **Coloque las vendas contaminadas en una bolsa plástica sellada y échelas a la basura**.
- Mantenga un **recipiente separado** para que coloque en él la ropa, toallas, sábanas u otros artículos para lavar que hayan tenido contacto directo con el sitio de la vacuna o con alguna secreción de dicho sitio.
- **Lave la ropa o cualquier otro material que haya estado en contacto con el sitio donde se aplicó la vacuna**. Utilice agua caliente con detergente o blanqueador (cloro). **Luego lávese las manos.**
- Cuando se caiga la costra, **échela a la basura en una bolsa plástica sellada** y recuerde lavarse las manos después.

LO QUE NO DEBE HACER:

- **No utilice ninguna venda que impida el paso de aire al sitio donde se aplicó la vacuna.** Esto puede hacer que la piel en esa zona se ablande y se desgaste. Utilice una gasa sujetada con adhesivo para cubrirse el sitio de la vacuna y luego colóquese encima un vendaje semipermeable, y una camisa cuando trabaje en un centro de atención de salud.

VIS SUPLEMENTO B: Aspecto y cuidado del sitio donde se aplicó la vacuna
(continuación de la página anterior)

- **No se coloque pomadas ni ungüentos en el sitio de la vacuna.**
- **No se rasque ni trate de quitarse la costra.** Es posible que sienta mucha picazón en el sitio donde se le aplicó la vacuna, pero no debe rascarse.

Para más información, visite www.cdc.gov/smallpox, o llame a la línea de ayuda de los CDC para información al público al (888) 246-2675 (inglés), (888) 246-2857 (español), o (866) 874-2646 (TTY).

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天花疫苗資訊聲明 (VIS) 附錄 B

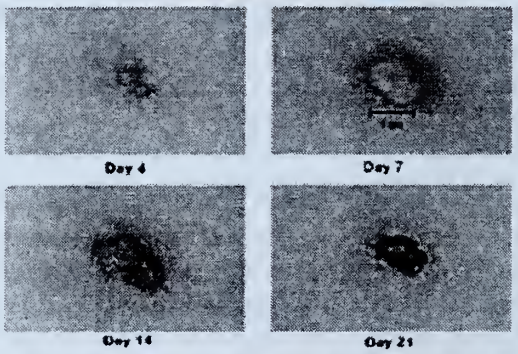
接種疫苗處表面與護理

表面

如果接種疫苗成功，三四天內接種疫苗處會出現紅及發癢的腫塊。在第一週內，腫塊會起泡、充滿膿液，然後開始排膿。在第二週期間，水泡開始乾固並結痂。第三週後痂會脫落，並留下小疤痕。第一次接種疫苗者可能比再接種疫苗者會有更強烈的反應。

下列圖片顯示了接種疫苗處的常見進程：

主要接種疫苗處反應



主要反應。第一次接種天花疫苗或過了很長時期後再接種疫苗
三週內的預期接種處反應與進程。來源：CDC。

接種疫苗處評估

接種疫苗後大約 7 天，您需要如約進行接種疫苗處檢查，以便評估接種疫苗處的狀況以確定接種疫苗是否成功。此約定的詳情在您接種疫苗時提供給您的「Post-Vaccination and Follow-Up Information Sheet」(接種疫苗後服務與跟進資訊表) 上。

注意事項：

如果接種疫苗處看起來未正常治愈，或身體的其他部位出現皮疹或疼腫、眼睛發炎、持續頭痛 (持續時間超過 24 小時) 或高燒、精神紊亂、抽筋、神志不清、呼吸困難、氣喘、聲音嘶啞、麻疹、面色蒼白、無力、心跳快速、昏眩或其他一些未預期的問題，請致電「Post-Vaccination and Follow-Up Information Sheet」(接種疫苗後服務與跟進資訊表) 上提供的電話號碼或致電醫護單位。

接種疫苗處護理

接種疫苗後 2 至 3 週內，接種疫苗後形成的痂自行脫落之前，接種疫苗處存在***牛痘病毒***。在此期間，牛痘可以透過直接接觸 (觸摸接種疫苗處或被病毒污染的繃帶或衣服，然後在洗手之前觸摸身體的其他部位或接觸他人) 傳播給身體的其他部位或他人。您應避免傳播病毒並保持接種疫苗處清潔、乾燥。請嚴格遵照下一頁的說明。

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接種疫苗處說明

請遵照下列說明，直至接種疫苗處形成的痂自行脫落爲止。

應採取的措施：

- **在醫護環境下工作時，請用紗布鬆鬆地包住接種疫苗處，並使用急救黏性繃帶固定好。然後，使用半滲透性（或半閉合性）敷料包裹紗布。至少每隔 3–5 天更換繃帶以防止接種疫苗處積聚液體與刺激物。亦請穿能包裹住接種疫苗處的襯衫**作爲防護牛痘傳播的額外措施。(「半滲透性敷料」是一種不能讓液體通過，但可讓空氣通過的敷料。)
- **不在醫護環境下工作時**，您只需要**使用急救黏性繃帶，固定包住接種疫苗處的紗布繃帶**。請經常更換紗布繃帶 (每隔 1-3 天)。**亦請穿能包裹住接種疫苗處的襯衫**，以作爲防止擴散傳播的**額外預防措施**。這在有密切身體接觸的場所 (如在家中) 尤其重要。
- 在直接接觸疫苗、接種疫苗處或可能被活性病毒污染的任何物品 (包括與接種疫苗處有接觸的繃帶、衣服、毛巾或被褥) 後，**請用肥皂與熱水或含酒精的洗手液（如凝膠劑或泡沫體）洗手**。這對於消除手上的任何病毒與防止接觸傳播至關重要。
- **保持接種疫苗處乾燥**。洗澡時用防水繃帶包住接種疫苗處。請記住，洗澡後換回寬鬆的紗布敷料。如果包裹接種疫苗處的紗布弄濕，請加以更換。
- **將污染的繃帶放在密封的塑膠袋中，然後仍在垃圾桶中**。
- 將可能與接種疫苗處或該處的排出物有直接接觸的衣服、毛巾、被褥或其他物品**放在獨立的洗衣籃內**。
- 使用熱水加洗衣粉與 (或) 漂白劑**清洗與接種疫苗處有接觸的衣服或任何其他物品，然後洗手**。
- 痂脫落後，請將其丟棄在密封的塑膠袋中 (請記住之後洗手)。

*禁止*事項：

- **請勿使用會阻止空氣透過接種疫苗處的繃帶**。這可能會導致接種疫苗處的皮膚弱化與壞損。在醫護環境下工作時，使用寬鬆的紗布包住接種疫苗處，並用急救黏性繃帶固定好，然後使用半滲透性敷料及穿上襯衫防護它。
- **請勿在接種疫苗處塗抹藥膏**。
- **請勿抓擦或撕開痂**。接種疫苗處可能會很癢，但您不能抓擦它。

有關更多資訊，請瀏覽 www.cdc.gov/smallpox，或致電 CDC 公共熱線：(888) 246-2675 (英語)、(888) 246-2857 (西班牙語) 或 (866) 874-2646 (TTY)。

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SMALLPOX VACCINE INFORMATION STATEMENT (VIS) SUPPLEMENT C

Skin Conditions That Mean You Should Not Get Smallpox Vaccine

The smallpox vaccine is made from a live virus related to smallpox called vaccinia (not smallpox virus). The vaccine stimulates the immune system to react against the vaccinia virus, and develop immunity to it. Immunity to vaccinia also provides immunity to smallpox. For most people, live virus vaccines are safe and effective. However, people with certain skin conditions are more likely to have rare and serious reactions to the smallpox vaccine, including bad skin rashes (eczema vaccinatum).This results when virus from the vaccine site gets into broken skin and causes a rash in that area. While most people recover from this rash with treatment, it can be quite severe, sometimes leading to scarring or even death.

SKIN CONDITIONS THAT MEAN YOU SHOULD NOT BE VACCINATED:

- Individuals who have ever been diagnosed with **eczema or atopic dermatitis**, (conditions involving repeated episodes of red, itchy or inflamed skin) even if the condition is mild, not presently active, or if you had it only as a child, **should not get the vaccine.**
- Individuals with **Darier's disease** should not get the vaccine.
- Individuals in **close contact** with someone who has ever been diagnosed with **eczema or atopic dermatitis,** even if the condition is mild, not presently active, or if they had it only as a child, **should not get the vaccine** because of the risk it poses to that close contact. (Close contacts include anyone living in your household and anyone you have close physical contact with such as a sexual partner.)

SKIN CONDITIONS THAT MEAN YOU SHOULD WAIT BEFORE BEING VACCINATED:

- Individuals with **breaks in their skin should not be vaccinated until the skin is fully healed.** Below are examples of skin conditions that can result in breaks in the skin.
- Individuals in **close physical contact with someone else who has breaks in their skin should not be vaccinated until the skin is fully healed.**

Examples of conditions that can result in breaks in the skin include:

- Impetigo (a skin infection)
- Varicella (chickenpox or shingles)
- Pityriasis rosea
- Acute contact dermatitis (e.g. poison oak or ivy)
- Recent significant burns (> about 1 inch x 1 inch) where skin has not completely healed
- Other conditions that cause significant rash or breaks in the skin, including moderate or extensive psoriasis, epidermolysis bullosa, severe acne (face or body) and pemphigus vulgaris.

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What are eczema and atopic dermatitis?

The word **eczema** describes certain kinds of inflamed skin. Early eczema can be red, blistering, or oozing areas of skin. Later on, eczema can be scaly, brownish, or thickened. Almost always, eczema itches. There are several different types of eczema. A special type of eczema called atopic dermatitis or atopic eczema has the greatest risk for severe rashes after smallpox vaccination.

Atopic dermatitis is a chronic disease that affects the skin. "Dermatitis" means inflammation of the skin. "Atopic" refers to a group of diseases that run in families and often occur together (including hay fever and asthma). In atopic dermatitis, the skin becomes extremely itchy and inflamed, causing redness, swelling, cracking, weeping, crusting and scaling. This often affects creases in the elbows or knees. Atopic dermatitis most often affects infants and young children, but it can continue into adulthood or appear later in life. In most cases, there are times when the disease is worse, called exacerbations or flares, followed by periods when the skin improves or clears up entirely, called remissions. Many children with atopic dermatitis will completely recover from this skin disease when they get older, although their skin often remains dry and easily irritated. Environmental factors can bring on symptoms of atopic dermatitis at any time in someone who has inherited the atopic disease trait.

Although it is difficult to know exactly how many people are affected by atopic dermatitis, an estimated 10% of infants and young children experience symptoms of the disease. Roughly 60% of these children continue to have one or more symptoms of atopic dermatitis into adulthood. This means that more than 15 million people in the United States have symptoms of the disease. None of these people should be vaccinated or be in close contact with someone who has been vaccinated because of the potential risk posed by exposure to the live virus in the smallpox vaccine.

What if there is an outbreak of smallpox?

If there is a smallpox outbreak, recommendations on who should get vaccinated will change. Anyone who is directly exposed to smallpox should get vaccinated because the disease poses greater risk than the vaccine. Public health authorities will recommend who should be vaccinated at that time.

How can I learn more?

- Talk to your health care provider if you have any questions or concerns about skin conditions.
- For more information on eczema and atopic dermatitis, visit http://www.niams.nih.gov/hi/topics/dermatitis/ and http://www.aad.org/pamphlets/eczema.html

For more information, visit www.cdc.gov/smallpox, or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)

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INFORME SOBRE VACUNAS (VIS) – SUPLEMENTO C

Afecciones de la piel que indican que usted no debe vacunarse contra la viruela

La vacuna contra la viruela se elabora a partir de un virus vivo relacionado con la viruela que se llama vaccinia (no es el virus de la viruela). Esta vacuna estimula el sistema inmunológico para que reaccione contra el virus vaccinia y se haga inmune a él. La inmunidad al virus vaccinia también crea inmunidad a la viruela. En la mayoría de las personas, las vacunas de virus vivos resultan inocuas y eficaces. Sin embargo, las personas que padecen de ciertas afecciones de la piel son más propensas a presentar reacciones graves y poco comunes a la vacuna contra la viruela, tales como erupciones graves de la piel (eczema vaccinatum). Esto ocurre cuando el virus del sitio de la vacuna penetra en la piel lesionada y ocasiona una erupción en esa zona. Si bien la mayoría de la gente se recupera de la erupción con el tratamiento, ésta puede ser bastante grave ya que puede dejar cicatrices y hasta causar la muerte.

AFECCIONES DE LA PIEL QUE INDICAN QUE NO DEBE VACUNARSE:

- **No deberán vacunarse** las personas a quienes alguna vez se les haya diagnosticado **eczema o dermatitis atópica** (afecciones que se caracterizan por episodios recurrentes de enrojecimiento, picazón o inflamación de la piel), aun cuando la afección sea leve, no esté activa en ese momento o se haya presentado durante la niñez.
- Las personas que tengan la **enfermedad de Darier** no deberán vacunarse.
- Las personas que tengan **contacto cercano** con alguien a quien se le haya diagnosticado alguna vez **eczema o dermatitis atópica**, aun cuando la afección sea leve, no esté activa en ese momento, o se haya presentado solamente durante la niñez, **no deberán vacunarse** debido al riesgo que la vacuna representa para ese contacto cercano. (Un contacto cercano incluye toda persona que viva en su hogar y toda persona con quien usted tenga un contacto físico muy cercano como, por ejemplo, una pareja sexual. No se incluyen los amigos ni compañeros de trabajo.)

AFECCIONES DE LA PIEL QUE INDICAN QUE DEBE ESPERAR ANTES DE VACUNARSE:

- Las personas que tengan **lesiones en la piel no deberán vacunarse mientras la piel no haya sanado completamente**. A continuación se presentan algunos ejemplos de afecciones de la piel que pueden ocasionar lesiones.
- Las personas que tengan **contacto físico cercano con alguien que presente lesiones en la piel no deberán vacunarse mientras la piel no haya sanado completamente**.

Ejemplos de afecciones que pueden producir lesiones en la piel:

- Impétigo (una infección de la piel)
- Varicela (viruela del pollo, viruela de agua o culebrilla)
- Pitiriasis rosada
- Dermatitis aguda por contacto (por ejemplo, urticaria causada por plantas venenosas)
- Quemaduras extensas que hayan ocurrido recientemente (> aproximadamente 1 pulgada x 1 pulgada) si la piel aún no ha sanado completamente.

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VIS SUPLEMENTO C: Afecciones de la piel que indican que usted no debe vacunarse contra la viruela
(continuación de la página anterior)

- Otras afecciones que causan erupciones o lesiones importantes en la piel, tales como psoriasis leve o grave, epidermólisis ampollar, acné grave (en la cara o el cuerpo) y pénfigo vulgar.

¿Qué son el eczema y la dermatitis atópica?

La palabra **eczema** describe ciertos tipos de inflamación de la piel. Al principio, el eczema puede manifestarse como zonas de la piel de color rojo, con formación de ampollas y supuración. Más tarde, el eczema puede ser escamoso, de color marrón, o engrosado. Casi siempre, el eczema produce picazón. Hay varios tipos de eczema. Un tipo especial de eczema, conocido como dermatitis atópica o eczema atópico, es el que tiene un mayor riesgo de causar erupciones graves después de la vacunación contra la viruela.

La **dermatitis atópica** es una enfermedad crónica que afecta la piel. "Dermatitis" significa inflamación de la piel. "Atópica" se refiere a un grupo de enfermedades de la misma familia que a menudo se presentan juntas (entre éstas se encuentran la rinitis alérgica y el asma). En la dermatitis atópica, se siente mucha picazón en la piel y ésta se inflama, lo que causa enrojecimiento, tumefacción, agrietamiento, secreciones, formación de costras y escamas. Esto se observa con frecuencia en los pliegues de los codos y las rodillas. La dermatitis atópica por lo general afecta a los bebés y a los niños pequeños, pero puede continuar hasta la edad adulta o aparecer más tarde durante la vida. En la mayoría de los casos, hay períodos en que la enfermedad empeora (conocidos como exacerbaciones o llamaradas), seguidos de períodos en que la piel mejora o desaparecen completamente las lesiones (llamados remisiones). Muchos niños que sufren de dermatitis atópica se recuperan completamente de esta enfermedad de la piel con el paso de los años, aunque su piel a menudo permanece seca y se irrita con facilidad. Los factores ambientales pueden hacer que aparezcan los síntomas de la dermatitis atópica en cualquier momento en una persona que haya heredado el rasgo de la enfermedad atópica.

Aunque es difícil saber exactamente cuántas personas se ven afectadas por la dermatitis atópica, aproximadamente 10% de los bebés y niños pequeños presentan síntomas de esta enfermedad. Cerca de 60% de estos niños continúan mostrando uno o más síntomas de la dermatitis atópica durante la edad adulta. Esto significa que más de 15 millones de personas en los Estados Unidos tienen síntomas de esta enfermedad. Ninguna de estas personas debe vacunarse ni tener contacto cercano con alguien que se haya vacunado debido al riesgo que plantea la exposición al virus vivo de la vacuna contra la viruela.

¿Qué sucede si hay un brote de viruela?

Si llegara a ocurrir un brote de viruela, cambiarían las recomendaciones acerca de quiénes deben vacunarse. Toda persona que se haya expuesto directamente a la viruela deberá vacunarse ya que la enfermedad representa un riesgo mayor que la vacuna. En ese momento, las autoridades de salud pública emitirían sus recomendaciones acerca de quién debe vacunarse.

¿Cómo puedo obtener más información?

- Consulte a su proveedor de atención médica si tiene alguna pregunta o inquietud relativa a las diferentes afecciones de la piel.
- Si desea obtener información complementaria sobre el eczema y la dermatitis atópica, visite http://www.niams.nih.gov/hi/topics/dermatitis/ y http://www.aad.org/pamphlets/eczema.html.

Para más información, visite www.cdc.gov/smallpox, o llame a la línea de ayuda de los CDC para información al público al (888) 246-2675 (inglés), (888) 246-2857 (español), o (866) 874-2646 (TTY).

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天花疫苗資訊聲明 (VIS) 附錄 C

不能接種天花疫苗的皮膚病

天花疫苗是由一種稱爲牛痘 (不是天花病毒) 的與天花相關的活性病毒製造的。疫苗會刺激免疫系統抵抗牛痘病毒，並對其產生免疫性。牛痘的免疫性亦提供天花的免疫性。對於大多數人，活性病毒疫苗是安全、有效的。但是，患有某些皮膚病的人對天花疫苗產生罕見的、嚴重的副作用的機率更大，這些皮膚病包括嚴重皮疹 (牛痘性濕疹)。在疫苗處的病毒侵入破損皮膚並在該部位出現皮疹時，會導致此副作用。雖然大多數人透過治療可以治癒此皮疹，但它可能會變得非常嚴重，有時會導致瘢疤，甚至死亡。

不能接種疫苗的皮膚病：

- 曾經診斷爲患有**濕疹或異位性皮膚炎** (症狀包括皮膚一大片發紅、奇癢或紅腫) 的人， (即使病症輕微、目前沒有患，或即使只在孩童時期患過) 都**不能接種疫苗**。。
- 患有 Darier 病的人不能接種疫苗。
- 與曾經診斷爲患有**濕疹或異位性皮膚炎**的人 (即使病症輕微、目前沒有患或即使只在孩童時期患過) 有**密切接觸**的人**不能接種疫苗**，因爲它會給該密切接觸者帶來風險。(密切接觸者包括在家裡一起生活的任何人及與您有密切身體接觸的任何人，如性伴侶。)

必須等待一段時間才能接種疫苗的皮膚病：

- **有皮膚破損的人應等待皮膚完全痊癒後才能接種疫苗。**以下是可能會導致皮膚破損的皮膚病的範例。
- **與有皮膚破損者密切身體接觸的人應等待其皮膚完全痊癒後才能接種疫苗。**

可能會導致皮膚破損的病症範例包括：

- 膿胞病 (皮膚感染)
- 水痘 (帶狀泡疹)
- 玫瑰糠疹
- 急性接觸性皮炎 (例如，毒葛)
- 最近嚴重燒傷 (大過 1 英吋 x 1 英吋)，皮膚沒有完全痊癒
- 會導致嚴重皮疹或皮膚破損的其他病症，包括中度或大面積牛皮癬、大皰性表皮鬆解症、嚴重粉刺 (臉或身體) 及慢性天皰瘡。

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VIS 附錄 C:意味著不能接種天花疫苗的皮膚病
(接上頁)

什麼是濕疹與異位性皮膚炎？

濕疹是指某些類型的紅腫皮膚。濕疹早期皮膚呈紅色、起泡或有膿液滲出。然後，濕疹爲鱗片狀、呈褐色或變濃。大多濕疹都會發癢。共有幾種不同類型的濕疹。較特殊的一種濕疹稱爲異位性皮膚炎或異位性濕疹，對於接種天花疫苗後引起嚴重皮疹具有最大風險性。

異位性皮膚炎是感染皮膚的慢性病。「皮膚炎」是指皮膚發炎。「異位性」是指一組與家族有關的疾病，通常同時發生 (包括發燒與哮喘)。患異位性皮膚炎時，皮膚極度搔癢、發炎，並會造成皮膚潮紅、腫脹、脫裂、滲出性、結痂及結垢。這通常會影響肘或膝的摺痕上。異位性皮膚炎最易發生在嬰兒與兒童身上，但也可能會延續至成人或出現在以後的生命時期。在大多數情況下，會經歷病症惡化的時期 (稱爲惡化或發作)，接著經歷皮膚改善或完全痊癒的時期 (稱爲緩解)。許多患有異位性皮膚炎的小孩長大後會完全痊癒，但皮膚通常較乾燥且易受過敏。環境因素可能會隨時對遺傳有異位性疾病特性的人造成異位性皮膚炎症。

雖然很難確切地知道有多少人患有異位性皮膚炎，但是估計有 10% 的嬰兒與兒童患過此病症。患有此病的小孩大約 60% 會有一種或多種異位性皮膚炎症延續至成人。這意味著在美國 一 千 五百 萬人以上有此病症。這些人不能接種疫苗或不能與已接種疫苗的人進行密切接觸，因爲接觸天花疫苗中的活性病毒會帶來潛在風險。

如果天花爆發，怎麼辦？

如果天花爆發，對誰應接種疫苗的建議將會改變。直接接觸天花的任何人都應接種疫苗，因爲天花疾病帶來的危險比疫苗帶來的風險更大。在此時，公共衛生機構將建議誰應接種疫苗。

如何才能瞭解更多資訊？

- 如果遇到任何問題或想瞭解皮膚病資訊，請資詢醫護單位。
- 有關濕疹與異位性皮膚炎的更多資訊，請瀏覽 http://www.niams.nih.gov/hi/topics/dermatitis/ 與 http://www.aad.org/pamphlets/eczema.html

有關更多資訊，請瀏覽 www.cdc.gov/smallpox，或致電 CDC 公共熱線：(888) 246-2675 (英語)、(888) 246-2857 (西班牙語) 或 (866) 874-2646 (TTY)

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SMALLPOX VACCINE INFORMATION STATEMENT (VIS) SUPPLEMENT D

A Weakened Immune System Means You Should Not Get Smallpox Vaccine

The smallpox vaccine is made from a live virus related to smallpox called vaccinia (not smallpox virus). The vaccine stimulates the immune system to react against the vaccinia virus, and develop immunity to it. Immunity to vaccinia also provides immunity to smallpox. For most people, live virus vaccines are safe and effective. However, people with immune system problems usually are advised to avoid live virus vaccines because their immune systems may not be able to stop the growth of the virus in their bodies. In the case of the smallpox vaccine, while the risk for severe complications for someone with a weakened immune system is unknown, there have been cases of serious reactions to the vaccine. Someone with a weakened immune system might develop a widespread, severe, vaccinia rash (generalized vaccinia), or ongoing severe skin destruction at the vaccination site (progressive vaccinia/vaccinia necrosum).

- Individuals with **suppressed immune systems should not get the smallpox vaccine**.
- Individuals who are **undergoing, or have recently undergone, medical treatment that can weaken their immune system should not get the smallpox vaccine**.
- Individuals **in close physical contact with someone who falls into these categories should not get smallpox vaccine** because of the risk it poses to that close contact. Close contacts include anyone living in your household or anyone you have close physical contact with such as a sex partner.

What are some illnesses that can weaken the immune system?

- HIV/AIDS
- Cancer
- Leukemia
- Lymphoma
- Multiple myeloma
- Primary Immune Deficiency disorders (such as Common Variable Immune Deficiency)
- Humoral (antibody) immunity problems (such as agammaglobulinemia or lack of normal antibodies)
- Some people with severe autoimmune diseases such as systemic lupus erythematosus (SLE) may have significant immune system suppression

What else could cause a weakened immune system?

Immunosuppressive medications or other treatments such as:

- High-dose oral or intravenous steroid therapy for 2 weeks or longer within the past month. (For example, with prednisone, ≥2mg/kg per day for 2 weeks or longer within the past month is considered immunosuppressive.)

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VIS SUPPLEMENT D: A Weakened Immune System Means You Should Not Get Smallpox Vaccine

(continued from previous page)

- Cancer chemotherapy agents within the past 3 months
- Radiation therapy within the past 3 months.
- Organ or bone marrow transplant
- Medications that suppress the immune system, including steroids, some drugs for autoimmune disease, or drugs taken in association with an organ or bone marrow transplant (consult your health care provider)

If you have questions about any of the above conditions, please consult your health care provider before being vaccinated.

More on HIV/AIDS

Up to 300,000 people in the U.S. may be infected with the HIV virus and not know it. You can have HIV infection and seem to be completely well. Although you may seem fine, if you have HIV, you are at risk for a bad reaction from smallpox vaccine. People with conditions such as HIV or AIDS that can suppress their immune system are at higher risk for having a severe skin rash or blood infection from the vaccine.

Below is a list of factors that may place you at higher risk for having HIV infection:

- Use of needles to inject anything not prescribed by your doctor
- Had an accidental needle-stick
- Had sexual contact with someone who has HIV/AIDS or has had a positive test for HIV/AIDS
- Had sexual contact with a prostitute or someone else who takes money or drugs or payment for sex
- Had sexual contact with someone who ever has used needles to inject anything not prescribed by a doctor
- For women: Had sexual contact with a man who has ever had sexual contact with another man
- For men: Had sexual contact with another man

If any of these situations apply to you, talk to your health care provider about getting tested for HIV before being vaccinated. In addition, since some people with HIV do not have these risk factors, if you have any concerns please get tested.

How can I learn more?

If have any questions about whether your immune system may be weakened, consult your health care provider before getting vaccinated.

For more information, visit www.cdc.gov/smallpox, or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)

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INFORME SOBRE VACUNAS (VIS) – SUPLEMENTO D

Un sistema inmunológico debilitado significa que no deberá vacunarse contra la viruela

La vacuna contra la viruela se elabora a partir de un virus vivo relacionado con la viruela llamado vaccinia (no es el virus de la viruela). Esta vacuna estimula el sistema inmunológico para que reaccione contra el virus vaccinia y se haga inmune a él. La inmunidad a este virus también crea inmunidad a la viruela. Para la mayoría de las personas, las vacunas de virus vivos resultan inocuas y eficaces. No obstante, se recomienda a quienes tengan problemas con su sistema inmunológico evitar las vacunas de virus vivos ya que sus sistemas inmunológicos quizás no puedan detener el crecimiento del virus en el cuerpo. En el caso de la vacuna contra la viruela, si bien se desconoce el riesgo de complicaciones graves para una persona cuyo sistema inmunológico está debilitado, se sabe de casos de reacciones graves a la vacuna. Una persona con un sistema inmunológico debilitado podría sufrir una erupción grave y generalizada causada por el virus vaccinia (vaccinia generalizada), o una destrucción grave y constante de la piel en el sitio donde se aplicó la vacuna (vaccinia progresiva/vaccinia necrosum).

- Las personas que tienen **sistemas inmunológicos deprimidos no deben vacunarse contra la viruela.**
- Las personas que **se estén sometiendo, o que se hayan sometido recientemente, a un tratamiento médico que pueda debilitar su sistema** inmunológico **no deben vacunarse contra la viruela.**
- Las personas que **mantengan un contacto físico muy cercano con alguien que se encuentre en alguna de estas categorías no deben vacunarse contra la viruela,** en vista del riesgo que esto representa para ese contacto cercano. Un contacto cercano incluye toda persona que viva en su hogar y toda persona con quien usted tenga un contacto físico muy cercano como, por ejemplo, una pareja sexual. No se incluyen los amigos ni compañeros de trabajo.

¿Cuáles son algunas de las enfermedades que pueden debilitar el sistema inmunológico?

- Infección con el VIH; SIDA
- Cáncer
- Leucemia
- Linfoma
- Mieloma múltiple
- Principales trastornos de inmunodeficiencia (por ejemplo, inmunodeficiencia variable común)
- Problemas de inmunidad humoral (anticuerpos) (tales como agammaglobulinemia o carencia de anticuerpos normales)
- Algunas personas aquejadas de enfermedades autoinmunes graves como, por ejemplo, lupus eritematoso sistémico (LES), pueden experimentar una depresión significativa del sistema inmunológico

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VIS SUPLEMENTO D: Un sistema inmunológico debilitado significa que no deberá vacunarse contra la viruela
(continuación de la página anterior)

¿Cuáles son otras causas posibles del debilitamiento del sistema inmunológico?

Los medicamentos inmunodepresores u otros tratamientos tales como:

- Un tratamiento con una dosis elevada de esteroides por vía oral o intravenosa, de una duración de dos semanas o más durante el último mes. (Por ejemplo, se considera como inmunodepresor un tratamiento con prednisona, >2mg/kg al día durante dos semanas o más en el transcurso del último mes).
- Agentes de quimioterapia contra el cáncer durante los últimos tres meses
- Radioterapia durante los últimos tres meses.
- Transplante de órgano o de médula ósea
- Medicamentos que deprimen el sistema inmunológico, entre otros los esteroides, algunos medicamentos para enfermedades autoinmunes, o los que se toman en relación con un transplante de órgano o de médula ósea (consulte a su proveedor de atención médica)

Si tiene alguna pregunta relacionada con los puntos anteriores, consulte con su proveedor de atención médica antes de vacunarse.

Información complementaria sobre el VIH/SIDA

Hasta 300 mil personas en los Estados Unidos pueden estar infectadas por el VIH sin saberlo. Una persona quizás tenga la infección pero aparentemente está completamente bien. Aunque la persona parezca estar bien, si está infectada con el VIH, corre el riesgo de reaccionar mal a la vacuna contra la viruela. Las personas con condiciones que pueden deprimir el sistema inmunológico (como el VIH/SIDA) tienen mayor riesgo de sufrir trastornos graves de la piel o una infección de la sangre a causa de la vacuna. A continuación se presenta una lista de factores que pueden expone a un mayor riesgo de infección por el VIH:

- Uso de agujas para inyectarse algo que el médico no haya prescrito
- Sufrir un pinchazo con una aguja, por accidente
- Tener contacto sexual con una persona que tiene el VIH/SIDA o cuya prueba para detectar el VIH/SIDA resultó positiva para el VIH/SIDA.
- Tener contacto sexual con una prostituta u otra persona que acepte dinero o drogas a cambio de relaciones sexuales
- Tener contacto sexual con una persona que alguna vez ha utilizado agujas para inyectarse algo que no le haya prescrito un médico
- En el caso de las mujeres: Tener contacto sexual con un hombre que alguna vez tuvo contacto sexual con otro hombre
- En el caso de los hombres: Tener contacto sexual con otro hombre

Si cualquiera de estas situaciones es similar a la suya, pídale información a su proveedor de atención médica acerca de la prueba del VIH antes de vacunarse. Asimismo, puesto que algunas personas infectadas por el VIH no presentan estos factores de riesgo, si tiene alguna duda, sométase a una prueba.

¿Cómo puedo obtener más información?

Si tiene alguna pregunta respecto a si su sistema inmunológico puede estar debilitado, consulte a su proveedor de atención médica antes de vacunarse.

Para más información, visite www.cdc.gov/smallpox, o llame a la línea de ayuda de los CDC para información al público al (888) 246-2675 (inglés), (888) 246-2857 (español), o (866) 874-2646 (TTY).

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天花疫苗資訊聲明 (VIS) 附錄 D

低下的免疫系統意味著您不能接種天花疫苗

天花疫苗是由一種稱爲牛痘 (不是天花病毒) 的與天花相關的活性病毒製造的。疫苗會刺激免疫系統抵抗牛痘病毒，並對其產生免疫性。牛痘的免疫性亦提供天花的免疫性。對於大多數人，活性病毒疫苗是安全、有效的。但是，通常建議具有免疫系統問題的人避免活性病毒疫苗，因爲其免疫系統可能無法阻止病毒在其體內生長。在天花疫苗病例中，雖然不知道嚴重併發症對免疫系統低下者的風險，但已有對疫苗產生嚴重副作用的病例。免疫系統低下者可能會患大面積、嚴重的牛痘疹 (全身性牛痘) 或在接種疫苗處出現蔓延性嚴重皮膚壞損 (蔓延性牛痘/壞疽性牛痘)。

- **免疫系統受抑制者不能接種天花疫苗。**
- **正在進行或最近已進行可能會降低免疫系統功能的醫藥治療的人不能接種天花疫苗。**
- **與屬於上述類型者有密切身體接觸的人不能接種天花疫苗**，因爲它會給該密切接觸者帶來風險。密切接觸者包括在家裡一起生活的任何人或與您有密切身體接觸的任何人，如性伴侶。

會降低免疫系統的疾病有哪些？

- HIV/AIDS
- 癌症
- 白血病
- 淋巴瘤
- 多發性骨髓瘤
- 主要免疫缺乏病 (如共同易變的免疫缺乏病)
- 體液 (抗體) 免疫問題 (如無丙種球蛋白血症或缺乏正常抗體)
- 患有自身免疫性疾病 (如全身性紅斑狼瘡，SLE) 者的免疫系統會受到嚴重抑制

還有什麼可能會導致免疫系統低下？

免疫抑制藥物療法或其他療法，如：

- 曾於過去一個月內接受高劑量口服或靜脈注射類固醇療法多於 2 週或更長時間。(例如，前一個月內使用強體松 2 週或更長時間 (每天 ≧2mg/kg) 視爲具免疫抑制。)

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- 前 3 個月內使用癌症化學療法劑
- 前 3 個月內曾接受放射治療。
- 器官或骨髓移植
- 會抑制免疫系統的藥物，包括類固醇、某些用於自身免疫性疾病的藥物或與器官或骨髓移植有關的藥物 (請諮詢您的醫護人員/醫生)

如果您遇到有關上述任何一種狀況的問題，請在接種疫苗之前先諮詢您的醫生。

有關 HIV/AIDS 的更多資訊

在美國，多達 300,000 人可能感染了 HIV 病毒，但卻不知道。您可能具有 HIV 感染症，但身體看起來卻很好。雖然您可能感覺身體很好，但如果您有 HIV，則會對天花疫苗產生嚴重副作用。患有會抑制免疫系統的病症 (如 HIV 或 AIDS) 者，則患嚴重皮疹或血液受感染的風險更大。

以下列出了會導致感染 HIV 的風險更大的因素：

- 使用未經醫生處方的注射
- 意外地被用過的針筒所刺傷
- 與 HIV/AIDS 帶菌者或 HIV/AIDS 測試呈陽性的人有性接觸
- 與妓女或與金錢、毒品或報酬作爲性交易的人有性接觸
- 與曾使用未經醫生處方的注射的人有性接觸
- 對於女性：與曾與其他男性有性接觸的男性有性接觸
- 對於男性：與其他男性有性接觸

如果您屬於以上任何一種狀況，請在接種疫苗之前先向您的醫護單位瞭解有關進行 HIV 測試事宜。另外，雖然有些 HIV 帶菌者不具有這些致病因素，但如果您有任何懷疑，請進行測試。

如何才能瞭解更多資訊？

如果您遇到任何有關免疫系統功能是否會降低的問題，請在接種疫苗之前先諮詢您的醫護人員/醫生。

有關更多資訊，請瀏覽 www.cdc.gov/smallpox，或致電 CDC 公共熱線：(888) 246-2675 (英語)、(888) 246-2857 (西班牙語) 或 (866) 874-2646 (TTY)。

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SMALLPOX VACCINE INFORMATION STATEMENT (VIS) SUPPLEMENT E

Pregnancy and Breastfeeding Mean You Should Not Get Smallpox Vaccine

The smallpox vaccine is made from a live virus related to smallpox called vaccinia (not smallpox virus). The vaccine stimulates the immune system to react against the vaccinia virus, and develop immunity to it. Immunity to vaccinia also provides immunity to smallpox. For most people, live virus vaccines are safe and effective. In pregnant women, however, smallpox vaccination can cause an infection in the unborn child that can lead to premature delivery, skin rash with scarring, stillbirth, or death of the child after delivery. In addition, it is unknown whether vaccine virus or antibodies are excreted in breast milk. Also, the close physical contact that occurs during breastfeeding increases the chances of accidentally transferring the virus from the vaccination site to the baby.

Pregnancy

- **Pregnant woman should not get the smallpox vaccine.**
- Also, if someone you are in **close physical contact** with is **pregnant**, you should **not get the smallpox vaccine.** (Close contacts include anyone living in your household and anyone you have close physical contact with such as a sexual partner.)
- Women who are vaccinated should **avoid getting pregnant for 4 weeks.**

If you want to get the smallpox vaccine

- Any woman who thinks she could be pregnant or who wants additional assurance that she is not pregnant should perform a morning urine pregnancy test on the day vaccination is scheduled.

After vaccination, prevent pregnancy for a month:

You should wait until the vaccination site has completely healed and the scab has fallen off before you try to become pregnant after vaccination. Take measures to prevent becoming pregnant.

Breastfeeding

- **Women who are breastfeeding should not get the vaccine.** This applies to women who are breastfeeding as well as pumping and then bottle-feeding breast milk.
- Breastfeeding by a close contact is not a contraindication to vaccination. You can get vaccinated if a close contact is breastfeeding.

What if there is an outbreak of smallpox?

If there is a smallpox outbreak, recommendations on who should get vaccinated will change. Anyone who is exposed to smallpox should get vaccinated because they will be at greater risk from the disease than they are from the vaccine. Public health authorities will recommend who should be vaccinated at that time and what measures you can take to try to protect yourself from being exposed to smallpox.

For more information, visit www.cdc.gov/smallpox, or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)

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INFORME SOBRE VACUNAS (VIS) – SUPLEMENTO E

Si esta embarazada o amamantando no deberá vacunarse contra la viruela

La vacuna contra la viruela se elabora a partir de un virus vivo relacionado con la viruela que se llamado vaccinia (no es el virus de la viruela). Esta vacuna estimula el sistema inmunológico para que reaccione contra el virus vaccinia y se haga inmune a él. La inmunidad al virus vaccinia también crea inmunidad a la viruela. En la mayoría de las personas, las vacunas de virus vivos resultan inocuas y eficaces. Sin embargo, en el caso de las mujeres embarazadas, la vacuna contra la viruela puede ocasionar una infección en el feto con consecuencias tales como un parto prematuro, erupciones de la piel que dejan cicatrices, niños nacidos muertos, o muerte del niño después del parto. Asimismo, no se ha determinado aún si el virus de la vacuna o los anticuerpos se excretan en la leche materna. Además, el contacto físico cercano entre la madre y el niño durante la lactancia aumenta la posibilidad de que el virus pase accidentalmente desde el sitio donde se aplicó la vacuna a la madre hasta el bebé.

Embarazo

- **Las embarazadas no deben vacunarse contra la viruela.**
- Más aún, si una mujer con quien usted tiene un **contacto físico muy cercano** está **embarazada**, usted **no debe recibir la vacuna contra la viruela**. (Un contacto cercano incluye toda persona que viva en su hogar y toda persona con quien usted tenga un contacto físico muy cercano como, por ejemplo, una pareja sexual. No se incluyen los amigos ni compañeros de trabajo.)
- Las mujeres que se han vacunado deben **evitar quedar embarazadas durante las cuatro semanas que siguen a la vacunación**.

Si usted quiere vacunarse contra la viruela

Toda mujer que piense que podría estar embarazada, o que quiera cerciorarse de que no lo está, deberá hacerse una prueba de orina para determinar si está embarazada en la mañana del día en que tenga previsto vacunarse.

Después de la vacunación, evite quedar embarazada durante un mes:

Después de recibir la vacuna, usted debería esperar hasta que el sitio de la vacunación haya sanado completamente y la costra se haya caído antes de intentar quedar embarazada. Tome las medidas necesarias para evitar el embarazo.

Lactancia materna

- **Las mujeres que están amamantando tampoco deben recibir la vacuna.** Esto es válido tanto para las mujeres que están amamantando como para las que se están sacando leche para luego dársela al bebé con un biberón.
- Si una persona que está cerca de usted está amamantando, la vacunación no está contraindicada. Esto significa que usted puede vacunarse aunque un contacto cercano esté amamantando.

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VIS SUPLEMENTO E: Si esta embarazada o amamantando no deberá vacunarse contra la viruela
(continuación de la página anterior)

¿Qué sucede si hay un brote de viruela?
Si llegara a ocurrir un brote de viruela, cambiarían las recomendaciones respecto de quiénes deben vacunarse. Toda persona que se haya expuesto a la viruela deberá vacunarse ya que el riesgo que corre de contraer la enfermedad es mayor que el riesgo que puede representar la vacuna misma. En ese momento, las autoridades de salud pública emitirían su recomendación acerca de quién debe vacunarse y qué medidas deben tomarse para evitar la exposición a la viruela.

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天花疫苗資訊聲明 (VIS) 附錄 E

懷孕與哺乳意味著不能接種天花疫苗

天花疫苗是由一種稱爲牛痘 (不是天花病毒) 的與天花相關的活性病毒製造的。疫苗會刺激免疫系統抵抗牛痘病毒，並對其產生免疫性。牛痘的免疫性亦提供天花的免疫性。對於大多數人，活性病毒疫苗是安全、有效的。但是，對於孕婦，接種天花疫苗可能會對胎兒造成感染，從而導致早產、患具有瘢疤的皮疹、死胎或死產。另外，還不知道母乳中是否會分泌疫苗病毒或抗體。同樣，哺乳期間發生的密切身體接觸會增加意外地將病毒從疫苗接種處轉移至嬰兒的機會。

懷孕

- **孕婦不能接種天花疫苗**。
- 另外，如果與您有**密切身體接觸**的人是**孕婦**，您也**不能接種天花疫苗**。(密切接觸者包括在家裡一起生活的任何人及與您有密切身體接觸的任何人，如性伴侶。)
- 接種疫苗的女士在 **4 週內應避免懷孕**。

如果您要接種天花疫苗

- 認爲可能已懷孕或未懷孕(但希望採取額外安全措施)的女士，應在計劃接種疫苗的當天進行晨尿驗孕。

在接種疫苗後，一個月內防止懷孕：

接種疫苗後，您應等待接種疫苗處完全痊癒且痂脫落後，再嘗試懷孕。否則應採取措施防止懷孕以確保您的懷孕狀況。

哺乳

- **哺乳的婦女不能接種疫苗**。這適合於哺乳以及吸奶後用奶瓶喂奶的婦女。
- 如果密切接觸者是哺乳婦女，並不影響接種疫苗。如果您的密切接觸者是哺乳婦女，您可以接種疫苗。

如果天花爆發，怎麼辦？

如果天花爆發，對誰應接種疫苗的建議將會改變。接觸天花的任何人都應接種疫苗，因爲天花疾病帶來的風險比疫苗帶來的風險更大。在此時，公共衛生機構會建議誰應接種疫苗，及您可以採取什麼措施來保護自己不會接觸到天花。

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SMALLPOX VACCINE INFORMATION STATEMENT (VIS):

IMPORTANT **INTERIM** SUPPLEMENTARY INFORMATION -- MARCH **31**, 2003

SMALLPOX VACCINE AND HEART PROBLEMS

There is evidence suggesting that smallpox vaccination may cause cases of heart inflammation (myocarditis), inflammation of the membrane covering the heart (pericarditis), and a combination of these two problems (myopericarditis). Most reported cases occurred in the military where approximately 325,000 doses of smallpox vaccine have been given between December 13, 2002 and March 31, 2003. Of the military cases, most had mild to moderate disease and have recovered. One became severely ill with heart failure on March 27, 2003 and remains hospitalized as of March 31, 2003. All of the military cases were among the approximately 225,000 people who received the vaccine for the first time, occurring at a rate of 1 in 20,000. Experts are exploring this more in-depth.

Heart pain (angina) and heart attack also have been reported in a small number of people following smallpox vaccination. Two of the people who had heart attacks have died. However, it is not known if smallpox vaccination caused these problems or if they occurred by chance alone (heart problems are very common). Experts are investigating this question also.

Reported events are not necessarily caused by the vaccine, and some or all of these events might be coincidental.

As a precautionary step, if you have been diagnosed by a doctor as having a heart condition with or without symptoms you should NOT get smallpox vaccine at this time while experts continue their investigations. These include conditions such as:

- **known coronary disease including:**
  - **previous myocardial infarction (heart attack)**
  - **angina (chest pain caused by lack of blood flow to the heart)**
- **congestive heart failure**
- **cardiomyopathy (heart muscle becomes inflamed and doesn't work as well as it should)**
- **stroke or transient ischemic attack (a "mini-stroke" that produces stroke-like symptoms but no lasting damage)**
- **chest pain or shortness of breath with activity (such as walking up stairs)**
- **other heart conditions under the care of a doctor**

(Continues)

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In addition, you should NOT get the smallpox vaccine if you have 3 or more of the following risk factors:

- **You have been told by a doctor that you have high blood pressure.**
- **You have been told by a doctor that you have high blood cholesterol.**
- **You have been told by a doctor that you have diabetes or high blood sugar.**
- **You have a first degree relative (for example mother, father, brother, or sister) who had a heart condition before the age of 50.**
- **You smoke cigarettes now.**

These may be temporary exclusions and may change as more information is gathered.

The presence of these conditions in a close contact (such as people you live with) is not a reason for you to defer vaccination.

If you have received the smallpox vaccine, you should see a health care provider right away if you develop chest pain, shortness of breath, or other symptoms of cardiac disease after vaccination.

If you have been diagnosed by a doctor as having a heart condition and have already received the smallpox vaccine, you should contact your heart disease specialist or regular health care provider if you have questions.

For more information, visit www.cdc.gov/smallpox, or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY).

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HOJA INFORMATIVA TEMPORAL SOBRE LA VIRUELA

VACUNA CONTRA LA VIRUELA Y PROBLEMAS DEL CORAZÓN

Un seguimiento cuidadoso del progreso de las vacunaciones contra la viruela en meses recientes sugiere que la vacuna puede causar inflamación del corazón (miocarditis), inflamación de la membrana que cubre el corazón (pericarditis) y/o una combinación de esos dos problemas (miopericarditis). Los expertos están estudiando esto en más profundidad.

También se han presentado casos de dolor en el corazón (angina) y ataque cardíaco después de la vacunación contra la viruela. Sin embargo, no se conoce en este momento si la vacuna contra la viruela causó estos problemas o si estos ocurrieron por cuenta propia (los problemas del corazón son muy comunes). Los expertos también están investigando esto.

Los incidentes reportados no son necesariamente causados por la vacuna y algunos de ellos o todos pueden haber sido una coincidencia.

Como una medida de precaución, las personas que han sido diagnosticadas por un médico con una enfermedad del corazón, con o sin síntomas, no deben recibir la vacuna contra la viruela en este momento, mientras los expertos continúan con sus investigaciones. Entre estas condiciones se encuentran:

- **conocidas enfermedades cardíacas, entre ellas:**
  - **infarto de miocardio previo (ataque al corazón)**
  - **angina (dolor en el pecho causado por falta de flujo sanguíneo al corazón)**
- **insuficiencia cardíaca congestiva**
- **miocardiopatía (inflamación del músculo del corazón que impide su correcto funcionamiento)**
- **apoplejía o accidente isquémico transitorio (una "mini-apoplejía" que produce síntomas parecidos a la apoplejía pero sin daño permanente)**
- **dolor en el pecho o falta de aliento con la actividad (como subir escaleras)**
- **otras condiciones del corazón que estén bajo tratamiento de un médico.**

Además, usted NO debe vacunarse contra la viruela si tiene <u>3 o más</u> de los siguientes factores de riesgo:

- **Un médico le dijo que usted tiene presión sanguínea alta.**
- **Un médico le dijo que usted tiene colesterol sanguíneo alto.**
- **Un médico le dijo que usted tiene diabetes o nivel de azúcar alto en la sangre.**

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- **Tiene un familiar de primer grado (por ejemplo, madre, padre, hermano, hermana) que haya tenido una condición cardíaca antes de cumplir los 50 años.**
- **Si fuma actualmente.**

Estas pueden ser exclusiones temporales y pueden cambiar a medida que se tenga más información.

La presencia de estas condiciones en alguien cercano a la persona que va recibir la vacuna no es una razón para diferir la vacunación.

Si después de recibir la vacuna usted experimenta dolor en el pecho, dificultad para respirar u otros síntomas que indiquen una enfermedad cardíaca, debe buscar atención médica de inmediato.

Si usted ha sido diagnosticado por un médico con una enfermedad cardíaca y ya recibió la vacuna contra la viruela, debe contactar al especialista en enfermedades del corazón o a su proveedor de atención médica si tiene alguna pregunta.

¿Qué casos han sido reportados?

- **Experiencias pasadas:** Casos raros de inflamación del corazón después de la vacunación contra la viruela fueron reportados en los años de 1960 y 1970. La mayoría de estos casos no tuvieron lugar en los Estados Unidos y estuvieron relacionados con una vacuna contra la viruela diferente a la que se está utilizando en la actualidad en los EE.UU.

- **Vacunación de personas civiles**: De las 25,645 personas civiles que recibieron la vacuna hasta el 21 de marzo del 2003, 7 de ellas presentaron problemas del corazón. Estos problemas fueron, entre otros, angina (dolor en el pecho causado por falta de flujo sanguíneo al corazón) y ataques cardíacos. Una persona que sufrió un ataque cardíaco murió. No se conoce por el momento si la vacuna contra la viruela causó estos incidentes.

- **Vacunación entre el personal militar**: Entre el 13 de diciembre del 2002 y el 31 de marzo del 2003, aproximadamente 325,000 soldados recibieron la vacuna contra la viruela. Se han reportado 11 casos de inflamación del corazón entre los 225,000 miembros de las fuerzas militares que recibieron la vacuna por primera vez (una tasa de cerca de 1 en 20,000). Estos casos no se presentaron entre personas que habían sido vacunadas antes. De acuerdo con el Departamento de Defensa, una de esas personas enfermó gravemente con falla cardíaca el 27 de marzo del 2003 y hasta el 31 de marzo seguía hospitalizada. Las otras 10 personas sufrieron enfermedades de leves a moderadas y todas se recuperaron.

Para más información, visite www.cdc.gov/spanish/bt/viruela.htm o llame a la línea de ayuda de los CDC para información al público al (888) 246-2857 (español), (888) 246-2675 (inglés), ó (866) 874-2646 (TTY).

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天花疫苗資訊聲明（VIS）：

重要的**暫時**補充資訊 -- 2003 年 3 月 **31** 日

天花疫苗與心臟問題

有證據表明，接種天花疫苗可能會造成心臟發炎（心肌炎）、心膜發炎（心包炎）及這兩種綜合症（心肌心包炎）。大多數報告的病例發生在軍隊，其中大約 325,000 劑天花疫苗已在 2002 年 12 月 13 日至 2003 年 3 月 31 日期間接種。大多數軍隊病例的疾病爲輕微或中度，並已痊癒。在 2003 年 3 月 27 日有一病例的心力衰竭病情惡化，直至 2003 年 3 月 31 日仍在醫院治療。接種疫苗的軍人中有大約 225,000 人第一次接種疫苗，病例發生率爲 1/20,000。專家正在作進一步的研究。

也有少數人在接種天花疫苗後出現心痛（心絞痛）與心臟病發作現象的報告。兩人因心臟病發作而死亡。但是，並不知道是否由於接種天花疫苗而引起這些問題或是其他原因（心臟問題非常普遍）。專家亦在研究此問題。

報告的事件不一定是由於疫苗引起的，其中的某些或全部事件可能是巧合。

作為一個預防措施，如果您被醫生診斷為患有心臟病症（具有或不具有症狀），那麼您便不能接種天花疫苗。專家正在研究此問題。這些病症包括：

- **已知的冠心病包括：**
  - **先前的心肌梗塞（心臟病發作）**
  - **心絞痛（由於心臟缺少血液流動引起的胸痛）**
- **充血性心力衰竭**
- **心肌病（心肌發炎且無法正常運作）**
- **中風或暫時缺血性中風（產生類似中風症狀，但無持續損害的「小中風」）**
- **運動時（如上樓梯時）胸痛或呼吸急促**
- **其他需要醫生護理的心臟病症**

（續）

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另外，如果您具有下列中的 3 種或更多致病因素，則不能接種天花疫苗：

- **醫生告訴您，您有高血壓。**
- **醫生告訴您，您有高膽固醇。**
- **醫生告訴您，您有糖尿病或高血糖。**
- **您有一個一等親（例如，父母親或兄弟姐妹）在 50 歲之前有心臟病症。**
- **您現在吸煙。**

隨著資訊的收集，這些狀況可能會暫時排除及更改。

密切接觸者 (如與您一起生活的人) 出現這些狀況並不是您延遲接種疫苗的原因。

如果您已接種天花疫苗，並在接種疫苗後出現胸痛、呼吸急促或心臟病的其他症狀，您應立即諮詢醫護單位。

如果您被醫生診斷爲患有心臟病症，又已接種天花疫苗，則應與心臟病專家或普通醫護單位聯絡詢問。

有關更多資訊，請瀏覽 www.cdc.gov/smallpox，或致電 CDC 公共熱線：(888) 246-2675 (英語)、(888) 246-2857 (西班牙語) 或 (866) 874-2646 (TTY)。

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SMALLPOX FACT SHEET (FOR CLOSE CONTACTS OF PEOPLE CONSIDERING VACCINATION)

Someone You Are Close to May Get the Smallpox Vaccine: What You Should Know and Do

If someone you have close, physical contact with (your spouse, partner or other member of your household) is considering getting the smallpox vaccine, there are some things you should know.

Before Vaccination: What You Should Know

The smallpox vaccine contains a live virus called vaccinia, which is related to smallpox, though milder. The vaccine helps the body develop immunity to smallpox. And while the smallpox vaccine is safe and effective for most who receive it, people with certain health conditions are more likely to have serious reactions to the smallpox vaccine. These people should not be vaccinated and they should not be in close contact (household or similar intimate physical contact) with someone who has been vaccinated.

Careful screening measures are in place to help ensure that people who are more susceptible to serious reactions, or who live with others who are more susceptible to serious reactions, are not vaccinated. As your close contact considers vaccination, it's important that you actively participate in this screening process. Inform your close contact if you have any of the conditions listed below, or even if you have any concerns about any of the conditions listed below.

Health conditions that would mean you should not be in close contact with someone who has been vaccinated are:

- A diagnosis of eczema or atopic dermatitis, past or present
- A weakened immune system, for whatever reason (HIV, cancer and cancer treatment, some autoimmune diseases and some treatments for autoimmune conditions can weaken the immune system)
- A skin condition with breaks in the skin (chickenpox, shingles, burns, severe acne, etc...) or
- Pregnancy

If any of these conditions apply to you, you should not be in close contact with someone who has gotten smallpox vaccine because of the risk it poses to you (or your fetus if you are pregnant).

After Vaccination: What You Should Know

If neither you nor your close contact has any condition that might place you at increased risk from a serious reaction, and that close contact decides to get vaccinated, there are still some things you should keep in mind.

The main concern for people who have close, physical contact with someone who has gotten the vaccine is that the vaccinia virus can be spread from the vaccination site, causing rash (mild to severe), fever, and head and body aches. Vaccinia is spread by touching a vaccination site before it has healed or by touching bandages, clothing, or other material contaminated with live virus from the vaccination site and then touching another part of the body or touching someone else. The vaccination site often becomes itchy, which may lead to scratching, rubbing, or touching the site.

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In the past, when vaccinated persons spread vaccinia to other parts of their body, it often was to their eyes or their genitals. Vaccinated persons also can spread vaccinia to other individuals. In the past, this was reported to occur between 20 and 60 times out of 1 million people vaccinated for the first time and often involved children. Most of the time, this took place in situations of close contact, such as happens in a household, or in similar situations involving close physical contact where careful hand hygiene and site care may not be followed.

After Vaccination: Taking Care

People getting the vaccine will receive instructions for special care to minimize the risk of spreading vaccinia by touch, but you also can take precautions to protect yourself. These measures should be followed until the scab that forms at the vaccination site after vaccination falls off on its own (in 2 to 3 weeks).

- Do not touch the vaccine site or any materials that might be contaminated with live virus from the site (such as bandages, towels, clothing, or washcloths used by the person who got the vaccine).
- If you accidentally come in contact with the vaccine site, or something that may be contaminated with live virus, immediately wash with soap and hot water.
- If you share a bed with the vaccinated person, be sure that they are wearing a gauze bandage held in place with first aid adhesive tape over the vaccination site. As an extra precaution, the person who got the vaccine can wear a shirt or pajamas that cover the bandaged vaccine site. If they do not, you may choose to sleep in a separate bed. (When involved in direct patient care, healthcare workers should cover the gauze with a semipermeable dressing as an additional barrier.)
- Keep a separate laundry hamper for items like clothing, towels, or bedding that have come in direct contact with the vaccine site or drainage from the site. Launder these items, using hot water with detergent and/or bleach and wash hands carefully afterwards.
- Remind the person who got the vaccine to follow site care and hand washing instructions. If their hand is contaminated and they touch you, you can contract vaccinia.

For more information, visit www.cdc.gov/smallpox, or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)

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HOJA INFORMATIVA SOBRE LA VIRUELA (PARA PERSONAS QUE TIENEN CONTACTO CERCANO CON ALGUIEN QUE ESTÁ PENSANDO VACUNARSE)

Lo que debe saber y hacer cuando alguien cercano a usted está pensando vacunarse

Si alguien con quien usted tiene contacto físico cercano (su esposa o pareja, o cualquier otro adulto que vive en su hogar) está pensando vacunarse contra la viruela, hay algunas cosas que usted debe saber.

Antes de la vacuna: Lo que usted debe saber

La vacuna contra la viruela contiene un virus vivo llamado *vaccinia*, de la misma familia del virus que causa la viruela, pero más leve. La vacuna le ayuda al cuerpo a crear inmunidad contra la viruela. Si bien la vacuna contra la viruela es segura y eficaz en la mayoría de las personas que la reciben, otras personas con ciertas condiciones de salud son más propensas a sufrir de reacciones graves a la vacuna. Estas personas no deben ser vacunadas y no deben tener contacto cercano (del tipo del que se tiene en la casa o algo similar) con alguien que ha sido vacunado.

Por medio de un proceso cuidadoso de información y exámenes se puede evitar que personas susceptibles de padecer reacciones graves a la vacuna o que viven con personas que tienen ese riesgo sean vacunadas. Si alguien con quien usted tiene contacto físico cercano está pensando vacunarse, es importante que usted participe activamente en el proceso de realización de estos exámenes. Infórmele a la persona con quien tiene contacto cercano si usted tiene alguna de las condiciones de salud que aparecen en la lista siguiente o si tiene alguna duda sobre alguna de ellas.

Las condiciones de salud que indican que no debe estar en contacto cercano con alguien que ha sido vacunado son:

- Un diagnóstico de eczema o dermatitis atópica que tuvo lugar en el pasado o que se presenta en la actualidad.
- Un sistema inmunológico debilitado debido a cualquier razón (como VIH, cáncer y tratamiento contra el cáncer, algunas enfermedades del sistema inmunológico y algunos tratamientos para condiciones que pueden debilitar el sistema inmunológico).
- Enfermedades de la piel con lesiones (como varicela, culebrilla, quemaduras, acné grave, etc.) o
- Embarazo

Si usted tiene alguno de estas condiciones, no debe estar en contacto cercano con alguien que ha recibido la vacuna contra la viruela por el riesgo que esto representa para usted (o para el feto si usted está embarazada).

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Lo que debe saber y hacer cuando alguien cercano a usted está pensando vacunarse

(continuación de la página anterior)

Después de la vacuna: Lo que usted debe saber

Si usted o alguien con quien usted tiene contacto cercano no tiene ninguna de las condiciones que los pueden colocar en alto riesgo de sufrir una reacción grave y la persona con la que usted tiene un contacto cercano decide vacunarse, todavía hay ciertas cosas que usted debe tener en cuenta.

La preocupación principal para las personas que tienen un contacto cercano y personal con alguien que se ha vacunado es que el virus puede propagarse desde el sitio del cuerpo donde se aplicó la vacuna, ocasionando una erupción (que puede ser leve o grave), fiebre y dolores de cabeza o dolor en el cuerpo. El virus *vaccinia* se propaga al tocar el sitio de la vacuna antes de que haya cicatrizado o al tocar vendas, ropa o cualquier otro material contaminado con el virus vivo procedente de dicho sitio y luego tocar otra parte del cuerpo o a otra persona. A menudo se siente picazón donde se aplicó la vacuna, lo que hace que la persona se rasque, se frote o se toque en ese sitio.

En el pasado, cuando las personas vacunadas propagaban el virus *vaccinia* a otras partes del cuerpo, el contagio se daba, a menudo, en los ojos o los genitales. Las personas vacunadas también pueden propagar el virus *vaccinia* a otras personas. En el pasado, se reportaron de 20 a 60 de estos casos entre un millón de personas vacunadas por primera vez, y a menudo estos eran niños. En la mayoría de las veces, estos casos se presentaron cuando había contactos cercanos, como en el hogar o situaciones similares donde no se seguían cuidadosamente los hábitos de limpieza de las manos y de cuidado del lugar.

Después de la vacuna: El cuidado que usted debe tener

A las personas a las que se les aplica la vacuna se les dan instrucciones especiales para reducir al máximo el riesgo de propagación del virus por el tacto; pero usted también puede tomar sus propias precauciones para protegerse. Estas precauciones deben seguirse hasta que la costra que se forma después de la vacunación se caiga por sí sola (después de 2 a 3 semanas).

- No toque el sitio donde se aplicó la vacuna ni ningún material que pueda estar contaminado por el virus vivo proveniente de ese sitio (como vendas, toallas para secarse o para el aseo, o prendas de vestir utilizadas por la persona que se vacunó).
- Si por accidente entra en contacto con el sitio de la vacuna o con algo que pudiera estar contaminado por el virus vivo, lávese inmediatamente con jabón y agua tibia.
- Si comparte la cama con la persona que se vacunó, asegúrese de que esa persona tenga puesta una venda de gasa sujeta con adhesivo sobre el sitio de la vacuna. Como precaución adicional, la persona que se vacunó puede usar una camisa o un pijama que cubra el sitio de la vacuna que tiene el vendaje. Si la persona no hace esto, usted puede dormir en una cama separada. (Los trabajadores de la salud que atienden a pacientes directamente deben cubrir la gasa con una cubierta semi-impermeable como barrera adicional)
- Mantenga un recipiente por separado donde se colocará la ropa, las toallas o sábanas para lavar que hayan estado en contacto directo con el sitio de la vacuna o con alguna secreción proveniente de dicho sitio. La persona vacunada debe lavar estos artículos utilizando agua caliente con detergente y blanqueador (cloro) y después debe lavarse muy bien las manos.
- Recuérdele a la persona que se vacunó que debe seguir las instrucciones para cuidar el sitio de la vacuna y para lavarse las manos. Si la persona tiene las manos contaminadas y lo toca, usted puede contraer el virus *vaccinia*.

Para más información, visite http://www.cdc.gov/smallpox o llame a la línea de ayuda de los CDC para información al público al (888) 246-2857 (español), (888) 246-2675 (inglés), ó (866) 874-2646 (TTY).

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天花情況說明書（用於考慮接種疫苗者的密切接觸者）

與您密切接觸的人可能接種天花疫苗：須知與措施

如果與您有密切身體接觸的人（您的配偶、伴侶或其他家庭成員）正在考慮接種天花疫苗，您應知道一些事宜。

接種疫苗之前：須知

天花疫苗含有一種稱爲牛痘的與天花相關的活性病毒，但是毒性更弱。天花疫苗有助於身體產生對天花的免疫力。雖然對大多數人而言，接種天花疫苗是安全、有效的，但具有某些健康狀況的人很可能會對天花疫苗產生嚴重的副作用。這些人不能接種疫苗，並且不能與已接種疫苗的人有密切接觸（家庭或類似的密切身體接觸）。

審慎的考慮有助於確保對天花疫苗產生嚴重副作用的人，或與他們一起生活的人避免接種疫苗。當您的密切接觸者考慮接種疫苗時，積極地參與此審核程序非常重要。如果您有下列任何一種狀況，或者懷疑有下列任何一種狀況，請通知您的密切接觸者。

意味著您不能與已接種疫苗的人有密切接觸的健康狀況：

- 過去或現在診斷患有濕疹或異位性皮膚炎
- 低下的免疫系統，無論什麼原因（HIV、癌症與癌症治療、某些自身免疫性疾病及自身免疫性病症的治療會降低免疫系統功能）
- 會導致皮膚破損的皮膚病（水痘、帶狀泡疹、燒傷、嚴重粉刺等）或
- 懷孕

如果您屬於以上任何一種狀況，則不能與已接種天花疫苗的人有密切接觸，因爲會爲您（或您的胎兒，如果您已懷孕）帶來風險。

接種疫苗後：須知

如果您與您的密切接觸者都沒有任何可能會爲您增加嚴重副作用風險的狀況，且該密切接觸者決定接種疫苗，您仍然要記住一些注意事項。

與已接種疫苗者有密切身體接觸的人相關的主要問題是，牛痘病毒可以從接種疫苗處傳播，從而導致皮疹（輕微到嚴重）、發燒及頭痛與身體疼痛。牛痘可以透過下列途徑傳播：在接種疫苗處痊癒之前觸摸接種疫苗處；觸摸被接種疫苗處的活性病毒污染的繃帶、衣服或其他物品，然後觸摸身體的其他部位或接觸其他人。接種疫苗處通常會發癢，進而可能會導致抓擦或觸摸該處。

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與您密切接觸的人可能接種天花疫苗：須知與措施

(接上頁)

在過去，當我們說接種疫苗者將牛痘傳播給自身的其他部位時，通常是指其眼睛或生殖器。接種疫苗者也會將牛痘傳播給他人。以前，一百萬個第一次接種疫苗者中有 20 到 60 人次的此類病例報告，並且通常是兒童。此現象大多發生在密切接觸的場所，例如接種者未有徹底清潔手部或未有徹底跟隨護理接種處的指引。

接種疫苗後：護理

雖然接種疫苗者會獲知特殊護理的說明以儘可能減少透過觸摸傳播牛痘的風險，但您也可以採取自我保護的預防措施。務必遵照這些措施，直到接種疫苗後在接種處形成的痂自行脫落 (2 至 3 週後)。

- 請勿觸摸接種疫苗處或任何可能被接種處的活性病毒污染的物體 (如接種疫苗者使用的繃帶、毛巾、衣服或面巾)。
- 如果您不小心接觸了接種疫苗處或可能被活性病毒污染的物體，請立即用肥皂與熱水清洗。
- 如果您與接種疫苗者共用一張床，請確保接種疫苗者已正確使用紗布繃帶，並用急救黏性繃帶包住接種疫苗處。作爲額外預防措施，接種疫苗者可以穿襯衫或睡衣以防護繃帶包住的接種疫苗處。如果接種疫苗者沒有採取這些措施，您可以選擇睡在各自獨立的床上。(直接護理病人時，醫護人員應使用半滲透性敷料包裹紗布來作爲額外防護。)
- 將與接種疫苗處或該處的排出物有直接接觸的衣物 (如衣服、毛巾或被褥) 放在獨立的洗衣籃內。使用熱水加洗衣粉與 (或)漂白劑清洗這些衣物，然後仔細地洗手。
- 提醒接種疫苗者遵照接種疫苗處養護與洗水說明。如果他們的手被污染，然後又與您接觸，您可能會感染牛痘。

有關更多資訊，請瀏覽 www.cdc.gov/smallpox，或致電 CDC 公共熱線：(888) 246-2675 (英語)、(888) 246-2857 (西班牙語) 或 (866) 874-2646 (TTY)。

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
SAFER · HEALTHIER · PEOPLE™

Translation/Reproduction Needs – June 17th Disaster Drill

Document	Location	Quantity	Language	Color	Audience
Instructions on what will happen at the clinic	Posted on door and at entrance	1,500	Tri-lingual	Lilac	Patients
Time study sheets	At entrance	1,500	Tri-lingual	Bright Pink	Patients
Patient evaluation forms	Paperwork Distribution, Station 1	1,200	English	White	Patients
		250	Chinese	Blue	
		150	Spanish	Goldenrod	
Patient discharge sheet	Paperwork Drop-off, Station 5	1,200	English	White	Patients
		250	Chinese	Blue	
		150	Spanish	Goldenrod	
Medical history and consent form	Paperwork Distribution, Station - 1	1,200	English	White	Patients
		250	Chinese	Blue	
		150	Spanish	Goldenrod	
HIV testing sites (double sided)	Stapled to discharge sheets	1,600	English	White	Patients
VIS booklet	Paperwork Distribution, Station 1	0 (have in stock)	English	White	Patients
		250	Chinese	Blue	
		150	Spanish	Goldenrod	
Heart Information (double sided)	Paperwork Distribution, Station 1	1,200	English	White	Patients
		250	Chinese	Blue	
		150	Spanish	Goldenrod	
Contact Sheet (double sided)	Paperwork Distribution, Station 1	1,200	English	White	Patients
		250	Chinese	Blue	
		150	Spanish	Goldenrod	
Roles	Entrance				
Certificates of Appreciation	Paperwork Drop-off, Station 5	1,500	English	N/A	
Medications list		40	English	N/A	Contraindication counselors
Brochures		50	English	N/A	Screeners and Contraindication Counselors

Document	Location	Quantity	Language	Color	Audience
Instructions and how to communicate with each other and emergency phone numbers	Staff clipboards	250	English	Red	Staff
Job Action Sheets	In areas, then on clipboards		English	White	Staff
Site layout diagrams	Staff Clipboards	220	English	Salmon	Staff
Staff Feedback Forms	Staff Clipboards	220	English	Bright Green	Staff
List of Must Dos re Smallpox Vaccine Administration	Vaccination Stations	50	English	White – Color Copies	Staff
Instructions for Site Care	Vaccination Stations	30	English		Staff
Video Start and Stop Logs	Education Rooms	10	English	White	Proctors/Staff
Information from Brian for Contraindications	Screening tables and Contra-Counseling tables	40	English	White	
Reconstitution Instructions	Pharmacy station	3	English	White	Pharmacists
Contact Tracing Form	Contacts Area	50	English	White	Contacts Staff
Mostly blank paper that says what worked and what didn't work	Staff Clipboards (2 sheets per board)	500	English	Yellow	Staff
Exercise Scenario	Staff clipboards	250	English	Orange	Staff
Brian's slides, 6 per page	Contra Counselors and Screeners	50 Color Copies	English	White	Screening Staff
Staff Register	From Area Leaders	350	English	Light green	JBA will provide
					Press
					Other Health Agencies
					VIPs

Helpful Tips for You

Thank you for helping us to prepare for a health emergency in San Francisco! It is highly unlikely that you will ever need to be vaccinated against smallpox. If you had actually received a smallpox vaccination today, you would have been given a card with important follow-up information. Instead, here is some other useful health information that pertains to the activities that took place in today's mock clinic.

- **Vaccinations.** There are vaccinations that all adults need in order to prevent serious disease. These include:
  - Tetanus – all adults need one shot every ten years.
  - Flu – once a year for adults over 50 or any adult with chronic illness.
  - Pneumococcal – one shot only, at age 65 or older.
  - Hepatitis B – if you are at risk due to any one of several factors.
  - Hepatitis A – before traveling to certain areas or if you are at risk due to any one of several factors.
  - Chicken Pox and Measles – Anytime, if you never had the disease.

  - For more immunization information call 415-554-2830 or visit www.sfdph.org

- **Heart Disease.** Heart Disease is the leading cause of premature death in San Francisco - in every neighborhood and among every ethnic group. To decrease your risk of heart disease,
  - exercise regularly;
  - eat lots of fresh fruits and vegetables;
  - avoid weight gain;
  - don't smoke.

- **Smoking Cessation.** Don't Smoke! Smoking is a leading cause of illness and premature death in San Francisco. While it may seem difficult, you can quit, but may not have yet found what works for you. The California Smokers' Helpline is a free telephone counseling service funded by the California Department of Health Services. The program helps people who are ready to quit using tobacco.

  - English: 1-800-NO-BUTTS (1-800-662-8887), Monday thru Friday, 9AM to 9 PM

  - Spanish: 1-800-45-NO-FUME (1-800-456-6386), Saturday, 9 AM to 1 PM

  - Mandarin & Cantonese: 1-800-838-8917, Voice Mail 24 hours a day

- **HIV Testing.** See the attached sheet. For more information, visit the Department of Public Health Website at www.sfdph.org and use the "Find It" button to download the *2003 HIV Prevention and Social Services in San Francisco Resource Book.*

Hand Washing. One of the easiest ways to avoid illnesses such as colds, flu, or diarrhea is to wash your hands with warm water and regular soap for at least 15 seconds. When we forget to wash our hands, or don't wash them properly, we can spread germs to other people, or infect ourselves by touching our eyes, mouths, noses or cuts on our bodies.

Thank you again for your participation today.

San Francisco Department of Public Health
www.sfdph.org
415-554-2500

Consejos Útiles para Usted

¡Gracias por ayudarnos a prepararnos para las emergencias de salud en San Francisco! Es muy probable que Ud. nunca va a necesitar ser vacunado contra la viruela. Si efectivamente hubiera recibido una vacuna contra la viruela hoy, se le habría expedido una tarjeta con información importante de seguimiento. En vez de esto, le damos la siguiente información útil la cual está relacionada con las actividades de hoy en la clínica simulada.

- **Vacunas.** Existen vacunas que todo adulto necesita a fin de prevenir enfermedades graves. Estas incluyen:
  - Tétano – todo adulto necesita una vacunación cada diez años.
  - Influenza – una vez al año para adultos mayores de 50 años o todo adulto con enfermedades crónicas.
  - Neumococo – solamente una inyección a los 65 años o mayores.
  - Hepatitis B – si se corre el riesgo debido alguno de varios factores.
  - Hepatitis A – antes de viajar a ciertas regiones o si está en riesgo debido a alguno de varios factores.
  - Varicela y Sarampión – En cualquier momento, si nunca se ha tenido la enfermedad.

  - Para obtener más información sobre inmunizaciones, llame al 415-554-2830 o visite www.sfdph.org

- **Enfermedades cardiacas.** Las enfermedades cardiacas son la causa principal de la muerte prematura en San Francisco – en todo vecindario y entre todo grupo étnico. Para disminuir su riesgo de enfermedades cardiacas:
  - haga ejercicio regularmente;
  - coma muchas frutas y verduras frescas;
  - evite aumentar de peso;
  - no fume.

- **Cese de fumar.** ¡No fume! El fumar es la causa principal de las enfermedades y la muerte prematura en San Francisco. Aunque puede parecer difícil, usted puede dejar de fumar. Podría ser que Ud. no haya encontrado lo que funciona para usted. La Línea Telefónica de Ayuda a los Fumadores de California es un servicio telefónico gratuito patrocinado por el Departamento de Servicios a la Salud de California. El programa ayuda a las personas que están dispuestas a dejar el uso del tabaco.

  - Inglés: 1-800-NO-BUTTS (1-800-662-8887), Lunes a Viernes, 9AM a 9 PM

  - Español: 1-800-45-NO-FUME (1-800-456-6386), Sábados, 9 AM a 1 PM

  - Mandarín & Cantonés: 1-800-838-8917, Mensaje telefónico 24 horas al día

- **Exámenes para VIH.** Ver la hoja adjunta. Para obtener más información, visite el website del Departamento de Salud Pública en www.sfdph.org y use el botón de "Find It" para acceder al libro de recursos *2003 HIV Prevention and Social Services in San Francisco.*

- **Lavado de manos.** Una de las mejores maneras de evitar enfermedades como resfriados, influenza,, o diarrea es lavarse las manos con agua tibia y jabón regular durante al menos 15 segundos. Cuando olvidamos lavarnos las manos, o no las lavamos bien, podemos propagar los microbios a otra gente, o nos infectamos a nosotros mismos cuando nos tocamos los ojos, la boca, nariz, o heridas en el cuerpo.

Gracias de nuevo por su participación hoy.

Departamento de Salud Pública de San Francisco
www.sfdph.org
415-554-2500

對您有用的提示

感謝您幫助我們準備應對在三藩市的健康緊急事件！您很可能永不需要接種天花疫苗。如果今天您真的接種了天花疫苗，您將會收到一張重要跟進的資訊卡片。以下是與今天舉行的模擬診所活動相關的一些其他有用健康資訊。

- **接種疫苗**。有些疫苗是所有成年人必需的，以預防嚴重的疾病。這些疫苗包括：
  - 破傷風疫苗 – 所有成年人每隔十年需要注射一次。
  - 流感疫苗 – 超過 50 歲的成年人或任何患有慢性疾病的成年人每年注射一次。
  - 肺炎疫苗 – 僅注射一次，限 65 歲以上的成年人。
  - 乙型肝炎 – 如果由於其中一種致病因素而處於風險狀態。
  - 甲型肝炎 – 在旅行到特定區域之前，或者如果由於其中一種致病因素而處於風險狀態。
  - 水痘與麻疹 – 隨時 (如果從未患過此病)。

  - 有關更多免疫資訊，請撥打 415-554-2830 或造訪 www.sfdph.org

- **心臟病**。在三藩市 (不論任何一個鄰域與種族群體中)，心臟病是導致生命過早結束的主要原因。要降低心臟病的風險，請
  - 經常鍛鍊身體；
  - 吃大量新鮮水果與蔬菜；
  - 避免增肥；
  - 不吸煙。

- **停止吸煙**。不要吸煙！在三藩市，吸煙是導致疾病與生命過早結束的主要原因。雖然戒煙似乎很難，但您還是可以戒掉，只不過您可能尚未發現什麼方法對您有效。加州吸煙者的輔導免費熱線電話，是由加州衛生服務局贊助。該服務可以幫助準備戒煙的人。

  - 英語：1-800-NO-BUTTS (1-800-662-8887)，星期一至星期五，9AM 至 9 PM

  - 西班牙語：1-800-45-NO-FUME (1-800-456-6386)，星期六，9 AM 至 1 PM

  - 普通話與粵語：1-800-838-8917，全日24小時電話留言服務

- **HIV 測試**。請參閱附頁。欲知更多資訊，請瀏覽公共衛生局網站 www.sfdph.org 並使用「Find It」按鈕下載 *2003 HIV Prevention and Social Services in San Francisco Resource Book*。

- **洗手**。預防疾病 (感冒、流感或腹瀉) 最簡單的一種方法是用溫水與普通肥皂洗手至少 15 秒。如果忘記洗手或不正確地洗手會將病菌傳染給他人，或透過觸摸自己的眼睛、嘴巴、鼻子或身體的傷口使自身受到感染。

再次感謝您今天的參與。

三藩市公共衛生局
www.sfdph.org
415-554-2500

HIV Test Sites

Castro-Mission Health Center — **Free and anonymous testing**
502-8378
Tuesday and Thursdays at AHP Service Center 1930 Market (between Laguna and Beaucannon)
Drop-in 5:45PM - 7:20PM, it is on a first come first serve basis

Wednesday at 240 Shotwell ONLY ORASURE
By appointment 5:45PM -7:15PM
Drop-in 5:45PM - 6:45pm

Wednesday at 3850 17th Street (between Noe and Sanchez)
By appointment 5:45PM - 8:45PM

Saturday at 3850 17th Street (between Noe and Sanchez)
By appointment 8:45AM -11:45AM

Tenderloin AIDS Resource Center (TARC) — **187 Golden Gate Avenue**
431-7476 — **Free and anonymous testing**
Monday - Friday 9AM - 12PM and 1PM - 3PM

Haight Ashbury Free Medical Clinic — **558 Clayton** (at Haight)
487-5632 — **Free, Confidential and Anonymous testing**
Monday - Thursday
By appointment 6PM - 8PM can drop-in to see if they have room

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Planned Parenthood — **815 Eddy Street, Suite 200** (near Van Ness)
1-800-967-7526 — **Confidential and anonymous testing**
Monday - Friday
By appointment only, sliding scale

Glide Memorial's AIDS Program — **330 Ellis Street Suite 518** (near Taylor Street)
567-2273 — **Free, Confidential testing**
Wednesday 12PM - 3PM and 4PM - 8PM
Thursday 1PM - 5PM
Drop-In

City Clinic — **356 7th Street** (between Folsom and Harrison)
487-5500 — **Confidential testing,** $10 fee but no one will be turned away for lack of funds
Monday, Wednesday, Friday 8AM - 4PM
Tuesday 1PM - 6PM
Thursday 1PM - 4PM
Drop-In, can call for appointment

Lyon-Martin Women's Health Services — **1748 Market Street, Suite 201** (at Valencia Street)
565-7667 — **Confidential testing,** sliding scale
Monday and Thursday 1PM - 3:30PM Drop-In
Monday thru Friday 8:30AM - 5PM By appointment only

Maxine Hall Health Center — **1301 Pierce Street** (at Ellis Street)
292-1300 — **Free and Confidential testing**
Monday - Thursday 1PM - 4PM
Drop-In

July 2001 Compiled by SFAF HIV Prevention Project P.O. Box 429018, San Francisco, CA 94142 (415) 241-5100
www.sfaf.org

South of Market Health Center
626-2951
Monday - Thursday 8AM - 5PM
Friday 8AM - 1PM
Drop-In

551 Minna Street (near 4th Street)
Confidential testing, sliding scale

Westside Community Mental Health Center
495-6071
Monday 8:30AM - 12PM and 1PM - 5PM
Wednesday 8:30AM - 12PM and 1PM - 3:30PM
Drop-In

973 Market Street, 3rd Floor (between 5th + 6th Street)
Free and Confidential testing

Ujima Clinic
821-9272
Monday and Wednesday 1PM - 5PM
Drop-In or call for appointment

195 Kiska Road
Free, confidential and anonymous testing

Cole Street Youth Clinic
751-8181
Monday - Friday 9:30AM - 5:30PM
By appointment Must be under 22

555 Cole Street (at Haight Street)
Confidential testing, call for fee information

Potrero Hill Health Center
648-3022
Monday - Friday 8:30AM - 5:30PM
By appointment

1050 Wisconsin Street (at Connecticut Street)
Confidential testing, sliding scale

Silver Avenue Family Health Center
715-374
Monday and Tuesday 8AM - 12PM
Wednesday 4PM - 8PM
By appointment

1525 Silver Avenue (at San Bruno Avenue)
Free and Confidential testing

Southeast Health Center
715-4000
Monday, Tuesday, Thursday, Friday 1PM - 5PM

2401 Keith Street (near Armstrong Avenue)
Confidential, sliding scale, no one is turned away for lack of funds

North East Medical Services
391-9686
Monday - Friday 8:30AM - 5PM
Saturday 9AM - 4PM
By appointment

1520 Stockton Street (at Columbus Avenue)
Confidential, sliding scale

June 17th Exercise Scenario

On Sunday, June 15th, 20 cases of probable smallpox were seen in Emergency Rooms throughout the country, with the largest number of cases presenting in the Washington, DC area. Additional reports of cases are coming in today (June 17th). At this time, it has been determined that all identified cases attended the symphony (~1000 attendees) at the Kennedy Center in Washington, DC on Sunday, June 8th. We expect additional cases from the initial presumed release to develop symptoms through June 25th, the end of the 7 – 17 day incubation period for smallpox. We expect additional cases to occur from contact with the initial cases.

There are currently 3 cases in the Bay Area, one of which is in SF.

Field investigation teams are doing potential case identification, contract tracing and ring vaccination for:

1. Anyone who attended the event in Washington, DC on June 8th.
2. Contacts of individuals who attended the event.

In addition, SFDPH will be opening 40 mass vaccination clinics in San Francisco for SF residents.

TRIAGE AREA:

Anyone who meets the following criteria will be evaluated in a separate area:
1. fever/rash: clinical
2. attendance at the symphony at the Kennedy Center in Washington, DC on June 8th: clinical – to be quarantined
3. contact to someone who attended the symphony at the Kennedy Center in Washington, DC on June 8th: contact

SCREENING AREA:

1. Cardiac risk factors: use current advice for non-contacts.
2. Immunosuppression or atopic dermatitis or pregnancy risks:

    a. Those with contraindications can shelter self at home until outbreak over (may be many weeks).

Agenda for Training, June 16, 2003
11 am – 1pm

Materials:

- Staff list
- Site layout
- Job action sheets
- Scenario
- Staff guidelines/agenda
- Medical History and Consent Forms
- VIS Packet
- Patient Evaluation Form
- Patient Data Collection Form
- Staff Register Form
- Staff Feedback Form
- Observation Sheet

- Welcome and thank you for coming

- Brief history of project and project goals
  1) Test our clinic flow (test staffing and logistics to move 314 people through an hour) (we'll have the added challenge of conducting a time study for this one)
  2) Test our ability to recruit volunteers form the community
  3) Activate the DOC
  4) Communicate results/evaluation with other health agencies

- How we are going to do this….lots of responsibility falls on Area Leaders.
  - Play a critical role in managing each of the areas and facilitating evaluation.

- It helps to first understand the Site Layout and how patients will move through the mass clinic. (10 minutes) (Have colored copy up on butcher paper, visio diagram on desktop for projection).
  - Every area has a corresponding letter
    - You can follow along if you wish on the staff needs document (give complete overview)
  - There is one central collection point for all paperwork, and for the patient to collect thank you gifts and subsequently enter the raffle.

- Agenda – Go over Agenda, page 2 of staff guidelines (project from desktop)

- Evaluation is critical.
  - lead the Hot Wash,
  - encourage edits on the Job Action Sheets, Collect JASs at end of day or turn them in to Staff Break Area
  - ensure that staff members complete their staff feedback forms,
  - encourage comments on Observations Sheets

- Job Action Sheets – all job descriptions for each job category in each area will be provided for volunteer patients when they check in. Area Leaders will get job action sheets to be an Area Leader as well as for their other assigned jobs. Additional Area Leader responsibilities include:

    - Facilitating breaks and lunches amongst staff
    - Answering questions for staff
    - Troubleshooting/problem solving
    - Initiating "Hot Wash" debriefing at end of day
    - Encouraging clean up and efficiency during the day
    - Ensuring that Time Study requirements are being met amongst area staff. (Everyone is coded and we can't easily change positions – will hear more about this at noon)

- Odds and Ends:

    - All staff will be wearing certain color vests or pinnies. People will complain about pinnies. Blue, Red, White, Bright Green.

    - Make sure to find out which staff in your area speak what language.

    - If we get patients who don't speak English, Spanish or Chinese, they can be escorted to the Security Area (where there is a phone) and we can use Language Line with a contraindications counselor to help complete paperwork.

    - Disabled patients such as those who are visually impaired can be escorted through the entire clinic by using the Hall Monitor staff. If we need more escorts, they can come from Data Entry or possibly Paperwork Distribution. Do not separate any people from their animals.

    - Safety issues: If there were to be a medical emergency, administer First Aid, send runner to First Aid area for a clinician and send someone else to look for a controller (wearing a white vest), who has a radio to the ambulance outside on the street. If it is necessary to stop the drill for a bit, this will be initiated by a controller

    - We expect a number of children. If they show up without a guardian and are old enough to understand the paperwork, they can fill it out themselves. All other children who are older than age 1 should have their paperwork completed by a guardian. No vaccinations will be given to children less than age 1.

    - Best to turn pagers and cell phones to vibrate to cut down on noise. Runners are primary means of communication but certain cell numbers can be called. Phones will be available in the Security Area, the Clinic Management Area and in the Staff Break Area.

Time Study Description by JBA
Remaining time for questions about areas
Report to work at 8am following morning and thanks very much for everything.

Smallpox Vaccination Administration

San Francisco Department of Public Health

Mass Vaccination Exercise 6/17/2003

- The outer aspect of the non-dominant upper arm over the insertion of the deltoid muscle should be used as the standard vaccination site. Do not vaccinate directly over an old vaccine site or areas with impaired skin integrity such as acne, abrasions, etc.
- Cleaning the vaccination site is not necessary unless grossly contaminated. If cleaning is deemed necessary, clean the site with soap and water and let dry thoroughly. It is essential the site be allowed to dry thoroughly in order to avoid inactivation of the vaccine deposited on the skin.
- Dip the bifurcated point of a sterile bifurcated needle into the vial of reconstituted vaccine and withdraw the needle perpendicular to the floor.

- **Do not redip the needle into the vaccine vial if the needle has touched the skin.**
- Holding the skin of the upper arm taut, the vaccinator should place his wrist firmly on the arm. Holding the needle at a 90° angle (perpendicular) to the skin. For previous vaccinees, apply **15** up-and-down (perpendicular) strokes rapidly within a 5mm diameter area. For new vaccinees apply **3** strokes.

- The strokes should be made rapidly, and be sufficiently vigorous to illicit a trace of blood at the vaccination site. If a trace of blood does not appear within 20 second place 3 additional strokes using additional pressure. Use the same needle. Do Not REDIP the needle.

- Dispose of the bifurcated needle, gauze or other contaminated material in the designated biohazard or medical waste sharps container.

San Francisco Department of Public Health Smallpox Mass Vaccination Exercise
June 17, 2003

Guidance to Clinician Screeners and Contraindication Counselors for Clients with Contraindications to Smallpox Vaccination

Goals

- To efficiently and accurately screen over 300 clients per hour for medical contraindications to receiving vaccinia (smallpox) vaccine
- To provide very **concise** information and **consistent** public health messages about the potential risks of receiving smallpox vaccine to individuals who have contraindications to vaccination

Approach

- Protocol-based/algorithmic rather than open-ended
- Review of Section B, Vaccination and Medical History, with an emphasis on key questions that determine eligibility for vaccination. If you have any questions in interpreting possible contraindications, don't hesitate to consult with the Area Leaders.

Vaccination and Medical History Questionnaire—Key Questions & Responses

Vaccination History: Did you ever receive the smallpox vaccine? Do you have a vaccination scar?

- **If the client received smallpox vaccination within 3 years of June 17, 2003 and has evidence of a successful take (vaccination scar), they are assumed to have adequate protection and can be directed to the Paperwork Dropoff station. [Note: Persons who were known to be exposed to the smallpox release or a smallpox patient would probably be re-vaccinated; however, you will not see them in our station, as they are being evaluated at the Contacts station.]**

Medical History:

Have you received chickenpox (varicella) vaccination in the last month?

- **It would be optimal to administer two live-virus vaccines at least four weeks apart to maximize the efficacy of the second vaccination. However, in this scenario with a smallpox outbreak, smallpox vaccination should not be delayed. The client should be monitored for vaccine take (which will be reviewed at the vaccination station).**

Do any of the following apply to YOU? (Table with questions 1-15)

If client answered YES to any of questions 1-5 or 8-14 (immunodeficiency, eczema, pregnancy, life-threatening allergic rxn, cardiovascular disease/multiple cardiac risk factors), they have a strong personal medical contraindication to receiving vaccine, and the public health message is:

- **"You have a strong contraindication to vaccination. At this time, the risks of severe vaccine complications, including death, may outweigh the risks of smallpox infection. The decision is yours. If you don't wish to get vaccinated, please go to the Paperwork Dropoff area at station #5. Thank you."**

If the client still wishes to receive the vaccine, you must put a sticker that says "+CI – clear for vaccination" on the bottom of page 4.

If the client answered YES to questions 6 or 7 (other derm conditions, steroid eyedrops), they have a personal medical contraindication to receiving vaccine but probably aren't at increased risk for a fatal reaction, and the public health message is:

- **"You have a contraindication to vaccination. You may be at increased risk for a severe reaction to the vaccine. The decision is yours. If you don't wish to get vaccinated, please go to the Paperwork Dropoff area at station #5. Thank you."**

If the client answered YES to question 15 (cares for a child < one year of age) or YES to any of the CLOSE CONTACTS contraindications questions 1-7, the client may not be at increased personal risk for vaccination but could unintentionally cause a severe or fatal vaccinia complication in their contact. The public health message is:

- **"One of your close contacts has a contraindication to the vaccine. Even though it may be fairly safe for you personally to get the vaccine, you could accidentally spread the vaccine virus to your close contact and make them very sick or even cause them to die. If this were a real outbreak and you decided you wanted to be vaccinated, we would give you detailed instructions about how to decrease the risk of harming your close contact. The decision is yours. If you don't wish to get vaccinated, please go to the Paperwork Dropoff area at station #5. Thank you."**

Screening to Prevent Adverse Events from Vaccinia
June 17, 2003

Potential Vaccinee

Question	Potential Outcome
1-4: suppressed immune system (including prednisone 20 mg/kg or more for 2 weeks)	progressive vaccinia (life-threatening)
5: eczema or atopic dermatitis	eczema vaccinatum (life-threatening)
6: other skin conditions	increased risk of inadvertent inoculation (scaring, risk of visual impairment if in eye)
7: steroid eye drops	risk of visual impairment if auto inoculation to eye
8: pregnant, breastfeeding	fetal vaccinia (life-threatening to fetus); inadvertent inoculation of infant with breastfeeding (greater risk of adverse effects in infants).
9: life-threatening allergic reaction to smallpox vaccine, latex, or trace antibiotics in vaccine	life-threatening allergic reaction
10-14: cardiovascular risks	very small increase risk of MI or stroke
15: care of child < 1 year of age	risk of accidental inoculation of child (young children at greater risk of adverse effects from vaccinia)

Close Contacts

Question	Potential Outcome
1-4: suppressed immune system	progressive vaccinia (life-threatening)
5: eczema or atopic dermatitis	eczema vaccinatum (life-threatening)
6: other skin conditions	increased risk of inadvertent inoculation (scaring, risk of visual impairment if in eye)
7: pregnant	fetal vaccinia (life-threatening to fetus)

June 17th Guidelines for DPH Staff

Welcome to the largest mass vaccination emergency practice exercise ever sponsored by the Health Department. Today's drill focuses on smallpox vaccination, but **NO** needles or real vaccine will be present on site. Your participation is greatly appreciated.

All staff working today are in color-coded vests:

Vest Color	Staff Classification
Blue	General Staff
Red	Area Leader
White	Exercise Controller
Bright Green	Time Study Personnel

Ground Rules for the day:

- You are each empowered to direct "patients", act as security guards and solve problems on the spot. Watch for non-vested people that are in need of help or are loitering.
- Runners will be the primary means of internal communication. There will be runners in each area available to deliver messages on site or to obtain additional supplies.
- Phones with outside lines are located in the Security, Clinic Management and Staff Break Areas.
- Each Area Leader is responsible for figuring out break times. A complimentary box lunch is being provided in the Staff Break Area (Area O). Please coordinate your break times with consideration for the smooth operation of the day.
- Everything we do today will be timed as part of a Time Study. Therefore, it is important to do the same job function all day. People in green vests can answer questions about the time study.
- Even if there is a lull in the number of people waiting, continue moving patients through as quickly and efficiently as possible.
- You have been given a watch to use today. Do not change the time on your watch – it is synchronized with all of the other watches so the time study can be accurate. You may keep your watch after today.
- Patients do not have to put their real names on their Medical History and Consent Forms. Patients **DO** need to put their real names and contact information on their Patient Evaluation Forms. The Patient Evaluation Forms enter them into a raffle for prizes.
- We begin seeing patients at 10 am. We stop seeing patients at 3:45 pm. No matter where a patient is in the exercise at 3:45 pm, direct them to Paperwork Drop-off (Area J).
- All staff must participate in a "Hot Wash" debriefing exercise at the end of the exercise beginning in each individual area and ending in the Staff Break Area (see agenda on back).
- **All staff must complete their Staff Feedback Sheet**. Use the Observation Sheet attached to your clipboard to jot down notes as the day progresses and feel free to edit your Job Action Sheet.

Once again, thank you for your help and good humor.

Agenda for June 17th
Bill Graham Civic Auditorium

8:00 am – DPH Staff Sign In

8:25 am – General Briefing, Staff Break Area

9:00 am – Break into designated Areas for Area Trainings from Area Leaders

9:45 am – Area Leaders Reconvene in Clinic Management Area (Area M)

10:00 am – Begin Seeing Patients (Doors Open)

11:30 am – Press Conference, Level 2

1:00 pm – VIP Briefing, Level 2

2:00 pm – Contacts Area **and** Fever/Rash (Symptoms) Area Close for Day

3:45 pm – End of Exercise. Direct all patients to Paperwork Drop-Off (Area J) and Exit

4:15 pm – Debriefing Exercise "Hot Wash" in individual areas

4:30 pm – All staff gather in Staff Break Area (Area O) for large group debriefing "Hot Wash"

5:00 pm – All staff leave the building

Important Cell Phone and Pager Numbers for Today Only, June 17th.

Name	**Cell Phone**
Amy Pine, Event Leader	415-999-4925
Judith Klain, Event Leader	415-218-8314
Ann Stangby, Lead Controller	415-819-3601
Emergency	911

June 17th Patient Evaluation Form

Thanks for your participation in today's practice event.

Completion of this form enters you into the raffle for a number of prizes ranging in value from $50 to $150. If you go through the drill multiple times today, you can enter the raffle multiple times.

Please give us your real name and phone number as it is the only way we will be able to contact winners. If you do not wish to be contacted later, you do not have to list your phone number. Please answer the evaluation questions honestly. We are interested in your thoughts about how we can improve our efforts.

Last Name: _____ First Name: _____

Phone Number: _____ Age: _____

What language do you speak at home? _____

1. How many times did you go through the exercise today?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6+ ☐

If this is your first time through the clinic today, please answer the remaining questions. If you already answered these questions from a previous visit, you do not have to answer them again. Thank you.

2. I finished the whole exercise in (please circle only one number):

1 less than 30 minutes
2 30-60 minutes
3 60-90 minutes
4 90 minutes - 2 hours
5 over 2 hours

For this next section, please circle the number in the column that best describes your feelings about each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. The medical history and consent form was easy for me to understand.	1	2	3	4
2. I felt the exercise was well organized and conducted in an orderly manner.	1	2	3	4
3. I felt the staff was confident and knowledgeable.	1	2	3	4
4. I was given clear direction about how to move through the exercise.	1	2	3	4
5. I was able to understand all written information given to me at the clinic.	1	2	3	4
6. I was informed of my right to decide against being vaccinated.	1	2	3	4
7. The Smallpox Training Video provided a clear explanation of the risks and benefits of getting the smallpox shot.	1	2	3	4
8. I did not have to wait very long between stations.	1	2	3	4
9. I was given clear instructions on how to take care of my vaccination site.	1	2	3	4

THANK YOU FOR YOUR TIME, EFFORT, AND INPUT!

June 17th Drill -- STAFF FEEDBACK

Please fill out this form as completely and honestly as you are able. It is strictly for internal use.

1. Name of your assigned position today: _____

2. Name of your assigned work area:_____

For this next section, please circle the number in the column which best describes whether you strongly agree, agree, disagree, or strongly disagree with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree
3. The "job action" information was easy to understand	1	2	3	4
4. The floor plan was helpful and easy to understand	1	2	3	4
5. The clipboard information was very useful	1	2	3	4
6. The supervision of my work area was satisfactory	1	2	3	4
7. The supplies provided to me were adequate	1	2	3	4
8. The message / communication system was effective	1	2	3	4
9. The on-site training was satisfactory	1	2	3	4

Additional Comments: *We are interested in all your suggestions, insights, & revelations.*

List tasks you performed beyond those described on your "job action" sheet:

List supplies you think were needed, but were not provided:

List supplies you had, but did not need:

Where is your regular work site?_____

What is your regular job title?_____

THANK YOU FOR YOUR TIME, EFFORT, AND INPUT!

Name (optional)_____

Patient Flow Analysis Report
San Francisco County Health Department
Emergency Drill - June 17, 2003

Developed by:
James Bowman Associates

Methodology and Data Limitations

James Bowman Associates (JBA) staff, in consultation with the SFDPH Emergency Smallpox Vaccination Drill Coordinator, determined data variables to be collected for this study. Emergency Drill staff self-reported patient contacts and times, as well as their own service and break times. PFA data collection staff were on-site during the drill to answer questions about the data recording process and to oversee appropriate data recording and other aspects of the clinic process that impacted client flow. Data was analyzed using beta-test WinPFA software under development by the Centers for Disease Control. CDC staff assisted with software questions and made necessary corrections to software during the analysis process to address concerns raised by James Bowman Associates staff conducting the data analysis. JBA staff also applied their expertise in Patient Flow Analysis to determine additional ways to look at and report the data collected.

Limitations to accuracy of the resulting data analysis to bear in mind include:

- Staff self-reporting of data (contacts, times, staff availability) generally results in at least some missing and/or incorrectly reported data.
- Watches that were supposed to be synchronized were provided to all participating staff for timekeeping during the drill. In some cases during the drill, timepieces were found to be non-synchronous. Cases of grossly inaccurate recorded times were generally discovered on-site at the next clinic stop, but inaccuracies of a minute or two between different staff contact times recorded are assumed to be reflected in the data.
- There were instances of clearly missing data on patient contacts. Where possible, data was corrected based on observation notes and observed patterns. This was not always possible, so a few patient contact records may be incomplete.
- Due to the very long processing time to produce data reports for such a large dataset, new data reports on which this report is based were not produced after correcting data entry errors affecting fewer than 10 clients.

General Information

Overview
There were a total of 1,325 patients who completed data entry forms during the study. One-hundred and thirty-six (136) staff had patient contact during the drill. (If a staff person was originally in the study, but had no patient contact throughout the drill, they were not included in the data analysis). The session was scheduled to begin at 10:00 AM and end at 3:30 PM. The earliest time in the data was 9:45 AM for patient waiting in line outside the facility. (This reflected the time data began to be collected rather than earliest arrivals. There was already a sizeable line in place outside the clinic site when data collection began with people waiting in line to enter.) The latest time in the data was 3:50 PM.

The stated goal for the drill was to move 312 patients per hour through the system. In order to accomplish that goal in a 5 hour drill a total of 1,560 patients would need to present for service. With a total of 1,325 patients the average number of clients per hour was 221.

Assessing the total number of patients completing service in a given hour of the drill is not a calculation built into the software. We are attempting to capture the most productive hour of the session, but do not have that figure available at this time.

Primary Language of Patients
Patients were classified by their primary language with the vast majority of patients designated as English speaking followed by Chinese and Spanish. The breakdown of patients by their primary language is represented in Table 1.

Table 1 – Number of Patients by Primary Language

Language	# of patients	% of Total Patients
American Sign Language (ASL)	8	.6%
Chinese	72	5.4%
English	1,184	89.4%
Filipino	1	.08%
Russian	1	.08%
Spanish	41	3.1%
Tagalog	6	.45%
Vietnamese	12	.9%
Total	1,325	100%

Patient Visit Types
Patients were also classified by the type of service or patient group. The numbers of patients in each of the type of service classifications is shown in Table 2.

Table 2 – Patients by Service Type

Service Type	# of Patients	% of Total Patients
Contact	39	2.9%
Contraindications	174	13%
Fever/Rash Exit	17	1.3%
Fever/Rash Mainstreamed	21	1.6%
General	1,034	78%
Incomplete/Inappropriate Flow*	40	3%
Total	1,325	99.88%

Definitions of Service Types

1. Contact – Patients who reported having potential contact with smallpox who were sent to the contact area at the site.
2. Contraindications - Patients who, based on the patient data collection form, did not receive a vaccination after the contraindication screening stop.
3. Fever/Rash Exit – Patients assigned this role who left after that stop.
4. Fever/Rash Mainstream - Patients assigned this role who continued through the clinic process after the fever rash stop either because of confusion or determination that symptoms were not evident of smallpox infection.
5. General – Patients who went through the exercise without contraindications or other medical conditions.
6. Incomplete/Inappropriate Flow - Patients who had unusual or potentially incomplete data collection forms. Does not include patients who appeared to have left because of contraindications or other appropriate reasons. Patients who did not visit all clinic stops because time was called at the end of the day were not included in this designation either.

Time in the Session and Receiving Services

89% of the patients were English speakers with an average of 60.46 minutes in the session and 20.71 minutes receiving service. Chinese speaking at 5.4% of the patients and Spanish language at 3.1% of the patients were the next largest groups. The time spent in the session by these patients was 76.38 minutes and 64.59 minutes respectively with 22.08 and 26.46 minutes receiving service. When the data is viewed by visit type, the times are similar for both minutes in the session and minutes receiving services.

The percentage of the patient's time in contact with a staff person or the video was 35% of their total time at the drill, which may be a lower percentage than desired. However, patients, on average, spent only 60 minutes in the drill which was a shorter time than anticipated.

Two small groups of patients (ASL and Vietnamese - 2% of the patient population) spent an average of more than 90 minutes at the session. Language interpretation was observed as the primary reason for their extended time at the session.

The tables below indicate the average number of minutes patients spent in the session, the range of minutes in the session, the average number of minutes receiving services, the range of minutes receiving service and the percentage of the patients' time that involved contact with staff (i.e receiving services). Table 3 shows this data by the patients' primary language, and Table 5 represents the same information by service type.

Table 4 shows the time receiving services for the primary language groups by clinic stop. This table provides a clearer picture of where patients spent their time when receiving services. The longest stop in the session was the video with patients spending an average of 16.27 minutes at that stop. The screening stops (Medical at 2.68 average minutes and Contraindications Screening at 3.58 average minutes) were the next longest stops for most patients. Immunizations at an average of 1.21 minutes and Wound Dressing at an average of .77 minutes took much less time than anticipated.

Table 3 – Time in Session and Receiving Services by Primary Language

Language	# of patients	Average Minutes in Session	Range of Minutes	Average Minutes Receiving Service	Range in Minutes	% of Time Receiving Services
ASL	8	126.38	123-129	52.44	.5-67	41.49%
Chinese	72	76.38	33-130	22.08	.5-51	29.28%
English	1,184	60.46	1-190	20.71	.5-37	34.26%
Filipino	1	78	78	24.50	.5-14	31.41%
Russian	1	53	53	5	.5-1.5	9.43%
Spanish	41	64.59	24-121	26.46	.5-28	40.97%
Tagalog	6	53.00	33-83	21.33	.5-19	40.25%
Vietnamese	12	107.08	43-118	53.92	.5-44	50.35%
Total	1,325	62.25	1-190	21.47	.5-44	34.49%

Table 4 - Average Minutes Receiving Service by Stop

Stop	All Patients	English	Chinese	Spanish
Triage	.9	.82	2.18	.82
Video	16.27	16.12	17.41	18.47
Screening Gatekeeper	.61	.62	.55	.54
Screening Medical	2.68	2.63	2.87	4.04
Contraindications Screening	3.58	3.58	2.1	4.5
Vaccination Line	.54	.54	.51	.52
Immunizer Vaccinator	1.21	1.18	.93	2.62
Wound Dressing	.77	.74	.69	1.87

Table 5 – Time in Session and Receiving Services by Service Type

Service Type	# of patients	Average Minutes in Session	Range of Minutes	Average Minutes Receiving Service	Range in Minutes	% of Time Receiving Services
Contact	39	82.03	40-146	19.14	.5-35	23.34%
Contraindications	174	61.90	30-141	21.63	.5-37	35.24%
Fever/Rash Exit	17	49.59	14-84	8.71	.5-16	17.56%
Fever/Rash Main	21	95.67	44-136	25.86	.5-20	27.03%
General	1,034	61.43	15-190	22.06	.5-67	35.91%
Inco/Inapp Flow	40	52.38	1-119	10.15	.5-27	19.38%
Total	1,325	62.25	1-190	21.45	1-19	34.49%

Bottlenecks and Waiting Times

For the general patient flow (excluding Contacts and Fever/Rash) the longest wait was at the screening gatekeeper stop (14.41 minutes). This wait was affected by the number of patients exiting the video at one time and the limited number of staff available at any one time to conduct the medical screening at the next stop.

Table 6 indicates waiting times between stops. The number of events indicates how many times a patient was in contact at that stop, which, in most cases, is an unduplicated patient count. The only exception would be situations where a patient had multiple visits to one stop each of which is counted as an event.

Table 6 - Patient Waiting Time Between Clinic Stops

Clinic Stops	# of Events (Patients Served)	Mean Waiting Time
Triage*	1,312	2.73
Contacts	79	29.62
Fever/Rash	53	21.61
Video	1,225	8.89
Screening Gatekeeper	1,199	14.14
Screening (Medical)	931	3.36
Screening Contraindications	431	4.00
Vaccination Line	698	1.49
Immunizer/Vaccinator	711	3.70
Wound Dresser	694	0.43
First Aid	3	8.00
Mental Health	16	8.28

*Note: Waiting time before Triage occurred primarily during the first hour or so of the drill. Once the line of patients waiting outside the building began to be admitted at 10:00, the line dwindled as those patients moved into the clinic flow, and patients after that time did not have to wait to access the first service stop. To a lesser extent, this was true of all clinic stops, except for the Video Rooms.

Staff Utilization

The staff that utilized the highest percentage of their available time serving clients was the screening medical and screening contraindications stop at 46.7% and 44.4% respectively. ***The most poorly utilized staff were the vaccinators and wound dressers at 13% and 8.2% of their time in contact with patients.***

Table 7 shows the number of staff at each stop, the total number of minutes that staff had available to serve patients (does not include break time), the actual number of minutes the staff were in contact with patients and the percentage of the staff's available time that was utilized to serve patients.

Utilizing the average minutes patients spent at each stop (Table 4) and the total minutes available at each stop (Table 7) a clearer estimate of the number of patients that can be seen at a stop is possible. For example, there were a total of 5,323 staff minutes available at Screening Medical. Assuming that 75% of the available time (3,992 minutes) was utilized to see patients for an average of 2.68 minutes per patient, this stop had the capacity to see 1,490 patients.

Table 7 - Staff Utilization

Clinic Stop	# of Staff	Available Staff Time (minutes)	Patient Contact Time (minutes)	% Time in Patient Contact
Triage	15	3,040	1,175.5	38.7
Contacts	9	1,574	735.0	46.7
Fever/Rash	4	761	202.0	26.5
Screening Gatekeeper	7	1,909	726.5	38.1
Screening (Medical)	20	5,323	2,486.0	46.7
Screening Contraindications	13	3,394	1,508.0	44.4
Vaccination Line	4	1,048	371.5	35.4
Immunizer/Vaccinator	26	6,517	849.5	13.0
Wound Dresser	26	6,530	535.0	8.2
First Aid	2	612	45.0	7.4
Mental Health	3	926	94.0	10.2

Note: The Video Room stop is not included in the table above because staff wasn't serving individual patients, but groups, and staff was not in actual contact with patients.

Overall, staff demonstrated great flexibility in adjusting their tasks and placement to best serve patients and facilitate clinic flow. For example, when it was noted that there was a need for more staffing to handle crowds in the Screening Line, Line Monitors from the Vaccination Line, which was never very busy, switched tasks to assist the Screening Line. Runners stepped in as needed in these areas as well.

Staffing Pattern

The Immunizers and Wound Dressing staff were utilized at a much lesser extent than staff in roles preceding immunization, and many of these staff were very under utilized. Medical Screening staff were also utilized at uneven levels. In the future the number of immunizer/vaccinators and wound dressers should be reduced and the number of "support staff", including screening gatekeepers, and contraindication screeners should be increased. Medical screeners needed to be allocated somewhat differently—see additional notes under Medical Screening section below. (It should be noted that there were a number of instances where wound dressing staff failed to record patient contact, and as a result, a data entry protocol was initiated that resulted in Wound Dressing staff codes being entered with the same ending numerals as the Vaccinator. (For example, Vaccinator, V001, was followed by Wound Dresser W001).

There was a real need for staff to be posted in the entry area to direct patients and to answer questions. Alternately, good signage with directional arrows and/or colored tape paths on the floor would relieve the need for some staff in this area. However, at least one flow coordinator, along with other staff who could answer patient questions, would still be needed in the entry area.

Especially at times and in areas where there was a lot of congestion and patient traffic, it seemed difficult to spot runners, and they should be made more identifiable. In general, staff could have used more/better information and/or orientation, especially in medical areas. See details under clinic service area sections below.

Line monitors and screening gatekeepers should be commended for being very flexible, switching tasks and helping in each others' assigned areas. This was critical since Screening Gatekeepers were under-staffed during the morning rush. Runners, especially in these areas, were very helpful as well. However, while Runners were helping manage patient flow, there was no one to go to Mental Health or find interpreters when needed. There needed to be more (support) staffing in these areas (in the main open clinic space) to adequately manage clinic flow. With groups of patients emptying into the Screening Line area periodically after viewing the video, adequate support staffing continued to be a critical component of smooth patient flow.

Signage

As mentioned previously, there was a need for better directional signage throughout the clinic. In the case of a public health emergency, setting up emergency vaccination clinics would need to be done quickly, but it would still be important to create signage in all major languages expected to be accommodated at a given clinic site. This could potentially be accomplished on-site with staff hand lettering signs as occurred in some instances during the drill. Materials for making signs should be included in the supply list for future emergency vaccination situations.

Paths from the Triage Station to the next stops (Contacts, Fever/Rash, and Paperwork Distribution) needed to be better marked. Patients were particularly unclear about locating the Paperwork Distribution Station, the next stop for most patients, since both the station and the sign identifying it were around the corner and not in direct sight of the Triage Station. There was also a need for signs in English, Chinese and Spanish indicating where to pick up paperwork in appropriate languages at the Paperwork Distribution Station. Staff responded by making hand lettered signs during the clinic.

There was a need for guidance lines (such as taped lines on the floor) in the hall shared by the Paperwork Distribution Line, people waiting to enter the next available video room, and the Medical Screening Line that spilled back out into this hallway. The resulting mass of waiting patients created a lot of confusion.

A system for indicating which medical screeners are available to see the next person in line (and signs designating non-English language screeners) is needed to allow Screening Gatekeepers to quickly identify available screeners to which patients can be directed. This would improve patient flow, decrease waiting time and reduce confusion. Such a system is needed for the Vaccinations Station as well.

There was less confusion about available tables and less excess waiting as a result at the Vaccination stop, but the Vaccination Line Monitors tended to direct most patients to the nearest tables. This left some Vaccination teams very busy and others with little to do during the drill.

Triage Station and Clinic Entry

Since Triage was the first stop once patients entered the clinic, staff at that stop received a number of questions they were unable to answer (at least during the first part of the day), and their time was impacted. Staff in this area needed better orientation on clinic stops following this station.

In addition, a number of patients who were assigned roles were observed not to review the role information they were given prior to reaching the Triage stop. As a result, they did not always follow the instructions provided for their role. Clearly, in a real emergency vaccination situation, this factor would not impact the proceedings or clinic flow. However, it seems likely that there would be even more patient/public concerns and questions to be addressed in a real public health emergency situation, so staffing to accommodate those needs would be important to maintain smooth clinic flow.

Because there were huge lines of patients waiting at several adjacent clinic stops (see further discussion in sections that follow), creating confusion for both patients and staff as lines became co-mingled, it is suggested that consideration be given in any future scenarios to controlling flow of large crowds of patients into the clinic area/building. There is much more space outside a building to "snake" a line, and patients could be admitted as other patients leave, monitored by designated clinic entry staff. This would relieve crowding inside the clinic area, and could be expected to improve clinic flow as a result.

Contact and Fever/Rash Stations

Staff in the Contact area had non-English language capability (and didn't realize at the beginning of the day that only English speaking staff would be given contact scenario roles). In a real emergency vaccination situation, it would be very important to make sure that staff in this area and in the Fever/Rash area had strong non-English language skills.

For staff in both these areas, there was a need for better orientation about what to do in cases where patients were determined to be appropriate to return to the general clinic flow. More staff training in the challenges, procedures and ramifications of potential disease exposure would be needed for staff in these areas in the event of a real emergency vaccination situation.

Staff in the Contacts area felt there was a need for better educational materials, guidelines and/or time for patient education, including risk-benefit counseling. Particularly in this area, in the case of a real smallpox vaccination emergency, there would be a need for more patient education about wound care and disease exposure, either through written materials, or by having additional staff with time to provide this information to patients.

Paperwork Distribution Station

Aside from language and signage issues discussed previously, the main change recommended for this area would be better instructions to patients, indicating that they could complete their paperwork while waiting in line to enter the Video Rooms or after entering the Video Rooms. Patient confusion on this point resulted in delays in moving the paperwork line along and getting people to the Video Area. Instructions could be provided by staff as well as having those instructions on posted signs. Staff that worked this area should be commended for their flexibility and responsiveness in re-aligning themselves to best meet patient needs. For example, they adjusted to distribute larger percentages of English and Spanish paperwork and less Chinese and other languages.

Video Station

Hall monitors to direct/control traffic were definitely needed in this area, as well as signage and line designation markings to indicate which patients were waiting to go into Video Rooms, which were in the Paperwork Distribution Line, and which people were in the Medical Screening Line. During part of the morning, patients in the Contact Station waiting line spilled over into this area as well. PFA data collection staff ended up helping to control/direct traffic at one point when there were no Hall Monitors in evidence. Staff also placed colored tape on the floor in this hall during the drill to designate areas for people waiting to watch videos versus waiting in the Screening Medical or Paperwork Distribution lines.

Although not part of the original room use plan, staff responded to the changing face of patients in line throughout the day by rotating rooms used to show videos in different languages, and this worked well to accommodate patients and facilitate clinic flow. This should be part of planning for potential future emergency vaccination situations. Staff showed further flexibility and creativity by closing down some of the video rooms to create more space between them as the crowd thinned out later in the day. This was done to address sound problems. Many patients complained that the noise from videos running in adjacent rooms separated only by curtains made it difficult to hear and distracted them from the video content. This is a problem to be addressed, if possible, in the future.

Filling one video room before starting to fill another helped prevent some degree of distraction caused by overhearing adjacent videos, and helped maintain a steadier flow of patients into the Medical Screening Line.

Screening Line and Medical Screening Station

During the morning when patient load was greatest, there was a huge backup in this area, with the line spilling back out into the hall by the video area and creating a lot of added congestion and confusion. Switchback barriers or "snaking" the line (adding length through lined zigzag area) helped greatly in controlling congestion when set up mid-morning, and should be put in place in this area for any future emergency vaccination clinic. Directing patients into multiple lines feeding smaller groups of Medical Screening Tables could probably help to maintain a steadier patient flow, and help with identifying next available Screeners as well. This approach should be considered in the future.

The division between "easy" and "hard" screening tables didn't seem to work well. By the afternoon, staff largely abandoned that approach. However, another issue that created back up in this area was the difficulty in identifying which screeners were available to serve patients. Some screeners were more proactive than others in signaling their availability, and the statistics on individual staff show that there was a great deal of variability in the numbers of patients seen at each screening table. A system for signaling availability is needed in this area (and might be useful in the Vaccination station as well.)

There was only one Chinese speaking screener (at least during part of the day), and when the Chinese video let out, emptying some 10-15 monolingual Chinese patients into the screening line, those patients (many of them elderly) had to wait quite a while. (On the other hand, Spanish speaking screeners were observed to be mainly serving English speaking patients during the drill.) Some communication system to coordinate between Spanish and Chinese video room attendants and Spanish/Chinese-speaking screeners is strongly recommended. When non-English video groups were about to move into the Screening Area, perhaps provision could be made to pull in an extra staff person speaking that language.

Vaccination Line and Vaccination Station

In contrast to the huge lines and back-ups in the Screening Line during parts of the day, there was never much of a line for the Vaccinations Station. However, there was still a need for a system to allow Vaccination Teams to signal availability, and orientation for Line Monitors to use the system effectively. Line Monitors tended to direct patients primarily to nearby vaccination tables, leaving Vaccination teams further away from their line of sight with little to do. Some Vaccination Teams were more proactive than others in signaling availability to serve patients. The result can be seen in the wide ranges of patients served per hour by Vaccinators.

Table 8 – # of Clients Seen Per Hour By Individual Vaccinators

Vaccinator	Total Minutes Available	# of Clients Served	Clients Seen Per Hour
V001	267	99	22.23
V003	273	4	.88
V004	273	45	9.89
V005	88	2	1.36
V007	278	29	6.26
V008	270	18	4.0
V009	145	29	11.99
V010	144	13	5.42
V011	292	37	7.60
V012	268	29	6.49
V013	270	8	1.78
V014	259	47	10.89
V015	252	1	.24
V016	265	5	1.13
V017	273	29	6.37
V018	255	9	2.12
V019	274	34	7.44
V020	287	8	1.67
V022	273	55	12.09
V023	145	4	1.65
V024	267	47	10.56
V025	278	61	13.17
V026	258	43	10.0
V033	288	17	3.54
V034	290	19	3.93
V036	272	17	3.75
Total	6,504	709	6.541

Wound dressing took much less time than we were led to expect. Wound Dressers began to pre-assemble tape strips to apply to gauze pads for faster application. However, observers expressed concerns about adequate sterile bandaging to prevent contagion. In addition, it seemed that patients should be provided with more information, printed and/or verbal instruction, on wound care. This could increase the time needed at this clinic station, but seems very feasible, given under utilization of staff at this station.

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Job Action Sheets Menu – June 17th Emergency Exercise

Area A: Triage

- Greeters
- Patient Sorters
- Queuing and Triage Area Leader
- Runner and Timekeeper

Area B: Symptoms

- Fever and Rash Area Leader
- Fever and Rash Area Nurse
- Fever and Rash Area Physician
- Fever and Rash Area Runner

Area C: Contacts

- Contact Area Leader
- Contact Area Physician
- Contact Area Vaccinator
- Disease Control Inv.
- Clinic Runners

Area D: Paperwork Distribution

- Paperwork Distribution Area Leader
- Paperwork Distributor
- Administration Paperwork Runner

Area E: Education

- Education Area Leader
- Education Hall Monitors
- Educators
- Education Runners

Area F: Screening Line

- Screening Line Area Leader
- Screening Line Gatekeeper
- Screening Line Monitors
- Screening Line Runner

Area G: Screening and Counseling

- Screening Area Leader
- Screening Area Clinician
- Contraindication Area Clinician
- Contraindication Area Monitors
- Contraindication Area Runner

Area H: Vaccine Line

- Vaccination Line Area Leader
- Vaccination Line Area Monitors
- Vaccination Line Area Runner

Area I: Vaccination

- Vaccination Area Leader
- Exercise Vaccinators
- Vaccination Area Runner

Area J: Paperwork Dropoff

- Paperwork Dropoff Area Leader
- Paperwork Receivers
- Calligraphers
- Paperwork Runner

Area K: First Aid

- Medical Care Area Leader
- Medical Care Area Physician
- Medical Care Area Nurse
- Medical Care Area Runner

Area M: Management

- Clinic Medical Director
- Area Leader Generic
- Clinic Manager
- Exercise Controller
- Housekeeper
- Supply Clerks
- Management Runner

Area N: Data Entry

- Data Entry Area Leader
- Clinic Data Entry Staff
- Data Entry Runner

Area P: Pharmacy

- Pharmacy Area Leader
- Pharmacist
- Pharmacy Runners

Area Q: Mental Health

- Mental Health Area Leader
- Mental Health Counselors
- Mental Health Runners

JOB ACTION SHEET
CLINIC GREETERS

Position assigned to: _____

Clinic Area Assigned to: **AREA A: QUEUING AND TRIAGE**

You report to:_____ *Queuing and Triage Area Leader*

Mission: To assist patients entering the clinic by ensuring a friendly and receptive environment. You will be stationed outside the auditorium to greet and direct volunteers.

IMMEDIATE ACTIONS		
Task	✔ when completed	Time (When applicable)
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area A		
Introduce self to all staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms • Exits		

SECONDARY ACTIONS		
Task	✔ when completed	Time (When applicable)
Greet volunteers as they arrive. Welcome volunteers to the exercise. Thank them for coming to the exercise.		
Distribute roles to all English speaking volunteers. Volunteers should all receive a tri-lingual exercise welcome form. Volunteers may decline to play a role and can receive the generic form instead.		
For non-English speaking volunteers, give each person a data collection form and a tri-lingual exercise welcome form. .		
Distribute patient data collection forms (time sheets) to all patient volunteers and give each person a corresponding numbered nametag. Document what language they speak on Data Collection form and write time that they arrived in line.		
Answer questions about the roles as needed		
Answer questions about the exercise as needed		
Direct volunteer patients to the lobby sorting area		
Keep the lines in formation		
Contact Exercise Controllers (white vests) if there are questions, concerns with distribution of patient roles		
Direct others who present to clinic who are <u>not</u> patient volunteers to the following areas: • Persons attending Dr. Fernyak's lecture should go to 101 Grove, room 300. • Persons working as DPH staff at the clinic who arrive after 10 am should be directed to Area M: Clinic Administration and Management. • Media should be directed to Level 2. • VIPs arriving for the briefing should go to Level 2.		
Give directions to patients, visitors and staff as needed.		
Monitor colleagues for signs of fatigue or stress. Notify Area Leader as needed.		
Monitor those waiting in cue for signs of fatigue or stress. Notify Area Leader as needed.		
Participate in "Hot Wash" debriefing at conclusion of exercise.		
Other duties as assigned:		

JOB ACTION SHEET
PATIENT SORTERS

Position assigned to: _____

Clinic area assigned to: **AREA A: QUEUING AND TRIAGE AREA**

You report to: _____ Queuing and Triage Area Leader

MISSION: To sort patients entering the clinic into determined areas based on exposure, symptomology and educational needs.

IMMEDIATE ACTIONS		
Task	✔ when completed	Time (When applicable)
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area A		
Introduce self to all staff assigned to area		
Familiarize self with paperwork used in this area: • Time tracking sheets • Tri-lingual welcome / explanation of exercise • Patient roles		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms • Exits		

SORTING GUIDELINES

Ask all patients the following questions and "sort" to the appropriate areas

Question 1: Do you have a fever or rash?
Yes → send to Area B / Fever and Rash

Question 2: Were you in Washington DC on June 8th?
Yes → ask Question #3
No → ask question #4

Question 3: Did you attend the symphony at the Kennedy Center on June 8th?
Yes → send to Area C / Contact Area

Question 4: Are you a household member, close friend, close work contact or did you travel with anyone who attended the symphony at the Kennedy Center on June 8?
Yes → send to Area C / Contact Area

✔ PATIENTS WHO ANSWER "NO" TO ALL QUESTIONS SHOULD BE DIRECTED TO AREA D: PAPERWORK DISTRIBUTION

SECONDARY ACTIONS		
Task	**✔ when completed**	Time (When applicable)
Review sorting guidelines as listed above. Contact Area Leader for questions or clarifications		
Sort patients entering the lobby using the guidelines above; refer to sorting guidelines on back of clipboard as needed		
Monitor staff for signs of fatigue or stress. Notify Area Leader as needed		
Monitor those waiting in line for signs of fatigue or stress. Notify Area Leader as needed		
Participate in "Hot Wash' debriefing at the conclusion of the exercise		
Other duties as assigned:		

JOB ACTION SHEET
QUEUING AND TRIAGE AREA LEADER

Position assigned to: _____

Clinic Area Assigned to: **AREA A: QUEUING AND TRIAGE**

You report to: _____ **Clinic Manager**

Mission: The role of the Area Leader is the overall supervision of the area, including patient intake, assessment and flow; the Area Leader will also ensure participation in the patient data collection study and act in a staff role. The Area Leader will act as a resource for all staff in assigned area.

The Area Leader will have attended orientation and training prior to the exercise.

IMMEDIATE ACTIONS		
Task	✓ when completed	Time (When applicable)
Receive assignment from Clinic Manager		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Introduce self to all staff assigned to Area A		
Review roster of staff assigned to Area A: • 10 Sorters • 3 Greeters • 8 Runners / Timekeepers • *Queuing and Triage Exercise Controller*		
Convene staff briefing for all persons assigned to Area A including but not limited to: • Staff introductions (name and position within DPH) • Mission and goals of area • Physical layout orientation • Patient flow through Area A into Areas B, C, D • Paperwork • Supplies and equipment • Orientation and education on exercise time study • Review of Job Action Sheets • Safety briefing		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D		

Clinic Areas (cont'd) • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Be familiar with the roles and Job Action Sheets for all persons assigned to Area A		
Familiarize self with all equipment and supplies used in Area A		
Ensure that all staff in assigned area have received watch and that times are accurate		
Familiarize self with all paperwork used in your assigned area		

SECONDARY ACTIONS		
Task	✔ when completed	Time (When applicable)
Participate as a Patient Sorter In Area A; refer to Sorter Job Action Sheet for duties		
Consult Clinic Medical Director as needed for patient evaluation concerns or questions		
Schedule staff breaks and meals; notify staff of schedule Notify Clinic Manager of schedule.		
Consult with exercise controllers for questions regarding flow, scenarios, exercise script		
Monitor colleagues for signs of fatigue or stress. Notify clinic manager as needed.		
Monitor those waiting in line for signs of fatigue or stress. Notify clinic manager as needed.		
At conclusion of exercise, convene Area "Hot Wash" debriefing • Thank all staff for their participation • Assign scribe to document staff comments • Solicit from staff what went well, what did not go well. • Use flip charts provided in area to document findings.		

Task	✔ when completed	Time (When applicable
Prepare 3-5 minute synopsis of Area A debriefing; Present Area comments at large group debriefing		
Collect Job Action Sheets from all staff in assigned area; deliver to exercise controllers		
Other duties as assigned		

JOB ACTION SHEET
RUNNER AND TIMEKEEPER

Position assigned to: _____

Clinic Area Assigned to: **AREA A: QUEUING AND TRIAGE**

You report to: _____ *Queuing and Triage Area Leader*

Mission: To assist patients in accessing the services of the vaccination clinic by ensuring patient flow in a courteous and friendly environment.

IMMEDIATE ACTIONS		
Task	✔ when completed	Time (When applicable)
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area A		
Introduce self to all staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms • Exits		
Familiarize self with paperwork used in your area		

SECONDARY ACTIONS		
Task	✔ when completed	Time (When applicable)
When acting as timekeeper, use patient data collection form to document time of entry into line		
Maintain sufficient supplies of paperwork		
Distribute message forms, requests, verbal messages to other areas or to clinic manager as directed		
Maintain sufficient medical supplies and/or equipment as directed by Queuing and Triage Area staff		
Run errands as directed by Queuing and Triage Area staff		
Give directions to patients, visitors and staff as needed		
Monitor colleagues for signs of fatigue or stress. Notify Area Leader as needed.		
Monitor those waiting in line for signs of fatigue or stress. Notify Area Leader as needed.		
Participate in "Hot Wash" debriefing at conclusion of exercise.		
Other duties as assigned:		

JOB ACTION SHEET
FEVER AND RASH AREA LEADER

Position assigned to: _____

Clinic Area Assigned to: **Area B: Fever and Rash**

You report to: _____ **Clinic Manager**

Mission: The role of the Area Leader is the overall supervision of the area, including patient intake, assessment and flow; the Area Leader will also ensure participation in the patient data collection study and act in a staff role. The Area Leader will act as a resource for all staff in assigned area.

The Area Leader will have attended orientation and training prior to the exercise.

IMMEDIATE ACTIONS		
Task	✓ when completed	Time (When applicable)
Receive assignment from Clinic Manager		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Introduce self to all staff assigned to Area B		
Review roster of staff assigned to Area B: • Area B nurse • Runner		
Convene staff briefing for all persons assigned to Area B including but not limited to: • Staff introductions (name and position within DPH) • Mission and goals of area • Physical layout orientation • Patient flow from Area A into Area B • Patient flow from Area B into Areas D or J • Paperwork • Supplies and equipment • Orientation and education on exercise time study • Review of Job Action Sheets • Safety briefing		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E		

Clinic Areas (cont'd) • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Be familiar with the roles and Job Action Sheets for all persons in Area B		
Familiarize self with all equipment and supplies used in Area B		
Ensure that all staff in assigned area have received watch and that times are accurate		
Familiarize self with all paperwork used in the clinic		

SECONDARY ACTIONS		
Task	✔ when completed	Time (When applicable)
Participate as a Area B Physician; refer to Area B Physician Job Action Sheet for duties		
Consult Clinic Medical Director as needed for patient evaluation concerns or questions		
Schedule staff breaks and meals; notify staff of schedule Notify Clinic Manager of schedule.		
Contact Exercise Controller overseeing Fever and Rash Area; Be familiar with concept of messages, problems introduced into exercise		
Monitor colleagues for signs of fatigue or stress. Notify clinic manager as needed.		
Monitor those waiting in line for signs of fatigue or stress. Notify clinic manager as needed.		
At conclusion of exercise, convene Area "Hot Wash" debriefing • Thank all staff for their participation • Assign scribe to document staff comments • Solicit from staff what went well, what did not go well. • Use flip charts provided in area to document findings •		

Task	✔ when completed	Time (When applicable)
Prepare 3-5 minute synopsis of Area B debriefing; Present Area comments at large group debriefing		
Collect Job Action Sheets from all staff in assigned area; deliver to exercise controllers		
Other duties as assigned		

JOB ACTION SHEET
CLINIC NURSE

Position assigned to: _____

Clinic Area Assigned to: **AREA B: FEVER AND RASH AREA**

You report to: _____ *Fever and Rash Area Leader*

Mission: To assist patients presenting to the clinic for medical screening, education and evaluation and treatment, when indicated.

IMMEDIATE ACTIONS		
Task	**✓ when completed**	**Time (When applicable)**
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area B		
Introduce self to all staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Familiarize self with paperwork used in your area		

SECONDARY ACTIONS		
Task	**✓ when completed**	Time (When applicable)
Review all available supplies and equipment; request additional supplies from Supply Area		
Evaluate patients presenting to Fever and Rash Area		
Document all findings including interventions on medical form provided (SFGH Urgent Care Clinic medical forms)		
Maintain infection control standards as outlined by Clinic Medical Director		
Write time in and time out on patient data collection forms of all patients seen in assigned area		
Direct patients to other areas of clinic as indicated		
Patients cleared from this area may enter Area D: Paperwork Distribution		
Utilize runners to escort patients to Area D: Paperwork Distribution		
Patients discharged from this area (those patients who have completed their role in the exercise) are to be directed to Area J: Paperwork Drop-Off		
Utilize runners to escort patients to Area J: Paperwork Drop-Off		
Give directions to patients, visitors and staff as needed		
Monitor colleagues for signs of fatigue or stress. Notify Area Leader as needed		
Monitor those waiting in cue for signs of fatigue or stress. Notify Area Leader as needed.		
Participate in "Hot Wash" debriefing at conclusion of exercise		
Other duties as assigned:		

JOB ACTION SHEET
CLINIC PHYSICIAN

Position assigned to: _____

Clinic Area Assigned to: **AREA B: FEVER AND RASH AREA**

You report to: _____ *Fever and Rash Area Leader*

Mission: To assist patients presenting to the clinic for medical screening, education and evaluation and treatment, when indicated.

IMMEDIATE ACTIONS		
Task	**✓ when completed**	**Time (When applicable)**
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area B		
Introduce self to all staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Familiarize self with paperwork used in your area		

SECONDARY ACTIONS		
Task	**✓ when completed**	Time (When applicable)
Be familiar with all available supplies and equipment; request additional supplies from Supply Area		
Evaluate patients presenting to Fever and Rash Area		
Document all findings including interventions on medical form provided (SFGH Urgent Care Clinic Medical form) • Maintain yellow copy in area • Attach white copy with patient's chart		
Maintain infection control standards as outlined by Clinic Medical Director		
Write time in and time out on patient data collection forms of all patients seen in assigned area		
Direct patients to other areas of clinic as needed Patients cleared from this area may enter Area D: Paperwork Distribution		
Utilize runners to escort patients to Area D: Paperwork Distribution		
Patients discharged from this area (those patients who have completed their role in the exercise) are to be directed to Area J: Paperwork Drop-Off		
Utilize runners to escort patients to Area J: Paperwork Drop-Off		
Give directions to patients, visitors and staff as needed		
Monitor colleagues for signs of fatigue or stress. Notify Area Leader as needed		
Monitor those waiting in cue for signs of fatigue or stress. Notify Area Leader as needed.		
Participate in "Hot Wash" debriefing at conclusion of exercise		
Other duties as assigned:		

JOB ACTION SHEET
CLINIC RUNNERS

Position assigned to: _____

Clinic Area Assigned to: **AREA B: FEVER AND RASH AREA**

You report to: _____ *Fever and Rash Area Leader*

Mission: To assist patients, staff and visitors in maintaining the logistical support structure of the clinic

IMMEDIATE ACTIONS		
Task	✓ when completed	**Time (When applicable)**
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area B		
Introduce self to all staff assigned to Area B		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Familiarize self with all equipment and supplies used in your assigned area		
Familiarize self with all paperwork used in your assigned area		

SECONDARY ACTIONS		
Task	✓ when completed	**Time (When applicable)**
Maintain sufficient supplies of paperwork		
Distribute message forms, requests, verbal messages to other areas or to clinic manager as directed		
Maintain sufficient medical supplies and/or equipment as directed by Fever / Rash Area staff		
Escort patients who are discharged from this area (those whose role in the exercise is now over) to the Paperwork Drop-Off Area J		
Escort patients who are rejoining the exercise to Paperwork Distribution Area D		
Run errands as directed by Fever and Rash Area staff		
Give directions to patients, visitors and staff as needed		
Monitor colleagues for signs of fatigue or stress. Notify clinic manager as needed.		
Monitor those waiting in line for signs of fatigue or stress. Notify Area Leader as needed.		
Participate in "Hot Wash" debriefing at conclusion of exercise		
Other duties as assigned:		

JOB ACTION SHEET
CONTACT AREA LEADER

Position assigned to: _____

Clinic Area Assigned to: **Area C: Contact Area**

You report to: _____ **Clinic Manager**

Mission: The role of the Area Leader is the overall supervision of the area, including patient intake, assessment and flow; the Area Leader will also ensure participation in the patient data collection study and act in a staff role. The Area Leader will act as a resource for all staff in assigned area.

The Area Leader will have attended orientation and training prior to the exercise.

IMMEDIATE ACTIONS		
Task	✓ when completed	Time (When applicable)
Receive assignment from Clinic Manager		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Introduce self to all staff assigned to Area C		
Review roster of staff assigned to Area C: • Disease Control Investigators • Physician • Vaccinator • Runners		
Convene staff briefing for all persons assigned to Area C including but not limited to: • Staff introductions (name and position within DPH) • Mission and goals of area • Physical layout orientation • Patient flow from Area A into Area C • Patient flow from Area C into Areas D or J • Paperwork • Supplies and equipment • Orientation and education on exercise time study • Review of Job Action Sheets • Safety briefing		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C		

Clinic Areas (cont'd) • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Be familiar with the roles and Job Action Sheets for all persons assigned to Area C		
Familiarize self with all equipment and supplies used in Area C		
Ensure that all staff in assigned area have received watch and that times are accurate		
Familiarize self with all paperwork used in the clinic		

SECONDARY ACTIONS		
Task	✔ when completed	Time (When applicable)
Participate as Area C: Disease Control Investigator; refer to Job Action Sheet for duties		
Consult Clinic Medical Director as needed for patient evaluation concerns or questions		
Schedule staff breaks and meals; notify staff of schedule Notify Clinic Manager of schedule.		
Contact Exercise Controller overseeing Fever and Rash Area; Be familiar with concept of messages, problems introduced into exercise		
Monitor colleagues for signs of fatigue or stress. Notify clinic manager as needed.		
Monitor those waiting in line for signs of fatigue or stress. Notify clinic manager as needed.		
At conclusion of exercise, convene Area "Hot Wash" debriefing • Thank all staff for their participation • Assign scribe to document staff comments • Solicit from staff what went well, what did not go well. • Use flip charts provided in area to document findings		

Task	✔ when completed	Time (When applicable)
Prepare 3-5 minute synopsis of Area C debriefing; Present Area comments at large group debriefing		
Collect Job Action Sheets from all staff in assigned area; deliver to exercise controllers		
Other duties as assigned		

JOB ACTION SHEET
CLINIC PHYSICIAN

Position assigned to: _____

Clinic Area Assigned to: **AREA C: CONTACT AREA**

You report to: _____ *Contact Area Leader*

Mission: To assist patients presenting to the clinic for medical screening, education and evaluation and treatment, when indicated.

IMMEDIATE ACTIONS		
Task	**✓ when completed**	**Time (When applicable)**
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area C		
Introduce self to all staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		

SECONDARY ACTIONS		
Task	**✓ when completed**	Time (When applicable)
Be familiar with the paperwork used in this area • Disease Control Investigation forms • Smallpox education materials • Patient evaluation forms • Medical History and Consent forms		
Review all available supplies and equipment; request additional supplies from Supply Area		
Discuss the risks and benefits of the administration of the smallpox vaccine with patients in Contact Area		
Serve as final arbiter regarding disease investigation matters and/or vaccination of the contact.		
Maintain infection control standards as outlined by Clinic Medical Director		
Give directions to patients, visitors and staff as needed		
Monitor colleagues for signs of fatigue or stress. Notify Area Leader as needed		
Monitor those waiting in que for signs of fatigue or stress. Notify Area Leader as needed.		
Participate in "Hot Wash" debriefing at conclusion of exercise		
Other duties as assigned:		

JOB ACTION SHEET
CLINIC VACCINATORS

Position assigned to: _____

Clinic Area Assigned to: **AREA C: CONTACT AREA**

You report to: _____ *Contact Area Leader*

Mission: To safely administer the smallpox vaccination to persons who have been medically screened, evaluated and cleared to receive the vaccine following strict infection control practices.

IMMEDIATE ACTIONS		
Task	**✔ when completed**	Time (When applicable)
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Attend briefing with Area Leader and others assigned to Area C		
Attend vaccine administration training with Vaccination Area Leader		
Introduce self to all staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		

SECONDARY ACTIONS		
Task	✔ when completed	Time (When applicable)
Familiarize self with all paperwork used in assigned area		
Check vaccine station for adequate supplies and equipment: • Tables / chairs • Infection control PPE, including gloves • Chux (barrier protection) • Plastic straws (used to simulate vaccine needles) • Sharps box • Gauze & tape • Waterless hand cleaner • Vaccine vial holder(s) • Site care instruction sheets • Vaccine administration guidelines		
Request needed supplies and equipment from administration area		
Ensure that there is sufficient lighting and workspace to administer vaccines		
Conduct patient education regarding smallpox vaccine administration, discussing risks and benefits as needed		
Use smallpox vaccine education video as needed or at patient's request		
Ensure that patients have completed Medical History and Consent form		
Place vaccine lot # sticker on Patient Medical History and Consent Form (page 1 top right corner).		
Reiterate location of site care instructions in patient information packets		
Administer vaccine in accordance with "Smallpox Vaccine Administration" guidelines.		
Dress vaccine site with gauze and tape.		
Complete all necessary documentation related to vaccine administration found on Page 1 of Patient Medical History and Consent Form		
Direct patients to Paperwork Drop-Off Area J with assistance of runner		
Monitor colleagues for signs of fatigue or stress. Notify Area Leader as needed.		
Monitor patients for signs of stress or other medical compromise, Notify Area Leader as needed.		
Participate in "Hot Wash" debriefing at conclusion of exercise.		

JOB ACTION SHEET
DISEASE CONTROL INVESTIGATORS

Position assigned to: _____

Clinic Area assigned to: **AREA C: CONTACT AREA**

You report to: _____ *Contact Area Leader*

MISSION: To interview and screen patients referred to the contact area that may have been exposed to smallpox or been in contact with someone exposed to smallpox.

IMMEDIATE ACTIONS		
Task	**✓ when completed**	**Time (When applicable)**
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with area Leader and others assigned to Area C		
Introduce self to all staff assigned to area		
Familiarize self with paperwork used in this area:		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		

SECONDARY ACTIONS		
Task	✓ when completed	Time (When applicable)
Be familiar with all paperwork used in Contact Area • Disease control investigation forms • Smallpox education materials • Patient Medical History and Consent forms • Patient evaluation forms • DPH Smallpox Contact Tracing form		
Document time that patients enter and exit Contact Area		
Interview patients for potential exposure history and documents information on CDC Form 2D		
Complete CDC form 2B for contact tracing or use DPH generic tracing form based on patient interview		
Distribute smallpox information packets to patients , including: • VIS booklet and supplements • Patient Medical History and Consent Forms • Patient Evaluation form		
Educate patients regarding smallpox vaccine		
When indicated, use smallpox education video for patients		
When indicated, refer patients to Contact Area vaccinator for administration of smallpox vaccine		
Patients discharged from this area (those patients who have completed their role in the exercise) are to be directed to Area J: Paperwork Drop-Off		
Utilize runners to escort patients to Area J: Paperwork Drop-Off		
Monitor staff for signs of fatigue or stress. Notify Area Leader as needed		
Monitor those waiting in line for signs of fatigue or stress. Notify Area Leader as needed.		
Participate in "Hot Wash" debriefing at conclusion of exercise		
Other duties as assigned:		

JOB ACTION SHEET
CLINIC RUNNERS

Position assigned to: _____

Clinic Area Assigned to: **AREA C: CONTACT AREA**

You report to: _____ *Contact Area Leader*

Mission: To assist patients, staff and visitors in maintaining the logistical support structure of the clinic.

IMMEDIATE ACTIONS		
Task	✓ when completed	**Time (When applicable)**
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area C		
Introduce self to staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Familiarize self with all equipment and supplies used in your assigned area		
Familiarize self with paperwork used in your area		

SECONDARY ACTIONS		
Task	✓ when completed	Time (When applicable)
Maintain sufficient supplies of paperwork		
Distribute message forms, requests, verbal messages to other areas or to clinic manager as directed		
Run errands as directed by Contact Area staff		
Direct patients, visitors and staff to other areas of clinic as needed		
Escort patients who are discharged from this area (those whose role in the exercise is now over) to the Paperwork Drop-Off Area J		
Monitor colleagues for signs of fatigue or stress. Notify Area Leader as needed.		
Monitor those waiting in line for signs of fatigue or stress. Notify Area Leader as needed.		
Participate in "Hot Wash" debriefing at conclusion of exercise		
Other duties as assigned:		

JOB ACTION SHEET
PAPERWORK DISTRIBUTION AREA LEADER

Position assigned to: _____

Clinic Area Assigned to: **Area D: Paperwork Distribution**

You report to: _____ **Clinic Manager**

Mission: The role of the Area Leader is the overall supervision of the area, including patient intake, assessment and flow; the Area Leader will also ensure participation in the patient data collection study and act in a staff role. The Area Leader will act as a resource for all staff in assigned area.

The Area Leader will have attended orientation and training prior to the exercise.

IMMEDIATE ACTIONS		
Task	✓ when completed	Time (When applicable)
Receive assignment from Clinic Manager		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Introduce self to all staff assigned to Area D		
Review roster of staff assigned to Area D: • Administrative staff • Administrative staff :bilingual (1 Cantonese and 1 Spanish speaker) • Runners		
Convene staff briefing for all persons assigned to Area D including but not limited to: • Staff introductions (name and position within DPH) • Mission and goals of area • Physical layout orientation • Patient flow from Area A into Area D • Patient flow from Area D into Areas E • Paperwork • Supplies and equipment • Orientation and education on exercise time study • Review of Job Action Sheets • Safety briefing		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C		

Clinic Areas (cont'd) • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Be familiar with the roles and Job Action Sheets for all persons assigned to Area D		
Be familiar with equipment & supplies used in Area D		
Ensure that all staff in assigned area have received watch and that times are accurate		
Familiarize self with all paperwork used in the clinic		

SECONDARY ACTIONS		
Task	✔ when completed	Time (When applicable)
Participate as Area D Administrative staff; refer to Job Action Sheet for duties		
Schedule staff breaks and meals; notify staff of schedule Notify Clinic Manager of schedule.		
Monitor colleagues for signs of fatigue or stress. Notify clinic manager as needed.		
Ensure that sufficient supplies of patient paperwork are assembled and ready for distribution • Patient Medical History and Consent Form • Patient evaluation form • Site Care Instructions sheets • Spanish and Chinese patient materials		
Monitor those waiting in line for signs of fatigue or stress. Notify clinic manager as needed.		
At conclusion of exercise, convene Area "Hot Wash" debriefing • Thank all staff for their participation • Assign scribe to document staff comments • Solicit from staff what went well, what did not go well. • Use flip charts provided in area to document findings		

Task	✔ when completed	Time (When applicable)
Prepare 3-5 minute synopsis of Area D debriefing; Present Area comments at large group debriefing		
Collect Job Action Sheets from all staff in assigned area; deliver to exercise controllers		
Other duties as assigned		

JOB ACTION SHEET
CLINIC PAPERWORK DISTRIBUTORS

Position assigned to: _____

Clinic Area Assigned to: **AREA D PAPERWORK DISTRIBUTION**

You report to: _____ *Paperwork Distribution Area Leader*

Mission: To maintain patient flow through the receipt of paperwork and exercise materials in a timely and efficient manner.

IMMEDIATE ACTIONS		
Task	✔ when completed	Time (when applicable)
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area D		
Introduce self to all staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		

SECONDARY ACTIONS		
Task	✔ when completed	Time (when applicable)
Greet all persons entering Area D		
Distribute paperwork stacks to patients Stacks will be color coded for language White ☛ English Blue ☛ Chinese Goldenrod ☛ Spanish • Patient Medical History and Consent Form • Smallpox Information Packets • Patient Evaluation Forms • Cardboard backs • Pens • Paperclips		
Create new stacks of paperwork **Stacks must be color coded** • Patient Medical History and Consent Form • Smallpox Information Packets • Patient Evaluation Forms • Cardboard backs • Pens • Paperclips		
Direct persons to Area E: Education Area after receiving paperwork		
Utilize Chinese and Spanish speaking staff as needed		
Monitor colleagues for signs of fatigue or stress. Notify Area Leader as needed.		
Monitor those waiting in cue for signs of fatigue or stress. Notify Area Leader as needed.		
Participate in "Hot Wash" debriefing at conclusion of exercise		
Other duties as assigned: (Time coding may be initiated in this area if deemed necessary by the Time Study Personnel)		

JOB ACTION SHEET
CLINIC RUNNERS

Position assigned to: _____

Clinic Area Assigned to: **AREA D: PAPERWORK DISTRIBUTION AREA**

You report to: _____ *Paperwork Distribution Area Leader*

Mission: To assist patients, staff and visitors in maintaining the logistical support structure of the clinic.

IMMEDIATE ACTIONS		
Task	**✔ when completed**	**Time (When applicable)**
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area D		
Introduce self to all staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Familiarize self with all equipment, paperwork and		

supplies used in your assigned area		

SECONDARY ACTIONS		
Task	**✔ when completed**	Time (When applicable)
Greet all patients entering paperwork distribution area		
Replenish paper stacks, cardboard backings and pens from Area J: Paperwork Drop-off Area or from Area M: Clinic Management and Supplies		
Maintain sufficient amounts of paperwork supplies to keep patients flowing through line		
Distribute message forms, requests, verbal messages to other areas or to clinic manager as directed		
Run errands as directed by Paperwork Distribution Area staff		
Give directions to patients, visitors and staff as needed		
Monitor colleagues for signs of fatigue or stress. Notify Area Leader		
Monitor those waiting in line for signs of fatigue or stress. Notify Area Leader		
Participate in "Hot Wash" at conclusion of exercise.		
Other duties as assigned:		

JOB ACTION SHEET
EDUCATION AREA LEADER

Position assigned to: _____

Clinic Area Assigned to: **Area E: Education Area**

You report to: _____ **Clinic Manager**

Mission: The role of the Area Leader is the overall supervision of the area, including patient intake, assessment and flow; the Area Leader will also ensure participation in the patient data collection study and act in a staff role. The Area Leader will act as a resource for all staff in assigned area.

The Area Leader will have attended orientation and training prior to the exercise.

IMMEDIATE ACTIONS		
Task	✓ when completed	Time (When applicable)
Receive assignment from Clinic Manager		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Introduce self to all staff assigned to Area E		
Review roster of staff assigned to Area E: • Proctors / Educators (including 1 Spanish and 1 Cantonese speaker) • Hall Monitors • Runners		
Convene staff briefing for all persons assigned to Area E including but not limited to: • Staff introductions (name and position within DPH) • Mission and goals of area • Physical layout orientation • Patient flow from Area D into Area E • Patient flow from Area E into Areas F • Paperwork • Supplies and equipment • Orientation and education on exercise time study • Review of Job Action Sheets • Safety briefing		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C		

Clinic Areas (cont'd) • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Be familiar with the roles and Job Action Sheets for all persons assigned to Area E		
Be familiar with equipment & supplies used in Area E		
Ensure that all staff in assigned area have received watch and that times are accurate		
Familiarize self with all paperwork used in the clinic		

SECONDARY ACTIONS		
Task	✔ when completed	Time (When applicable)
Participate as Area E Proctor / Educator; refer to Job Action Sheet for duties		
Schedule staff breaks and meals; notify staff of schedule Notify Clinic Manager of schedule.		
Monitor colleagues for signs of fatigue or stress. Notify clinic manager as needed.		
Monitor those waiting in line for signs of fatigue or stress. Notify clinic manager as needed.		
At conclusion of exercise, convene Area "Hot Wash" debriefing • Thank all staff for their participation • Assign scribe to document staff comments • Solicit from staff what went well, what did not go well. • Use flip charts provided in area to document findings		
Prepare 3-5 minute synopsis of Area E debriefing; Present Area comments at large group debriefing		
Collect Job Action Sheets from all staff in assigned area; deliver to exercise controllers		
Other duties as assigned		

JOB ACTION SHEET
HALL MONITOR

Position assigned to: _____

Clinic Area Assigned to: **AREA E: EDUCATION AREA**

You report to: _____ *Education Area Leader*

Mission: To facilitate entry to and exit from education rooms in a timely manner to maintain patient flow in the clinic.

IMMEDIATE ACTIONS		
Task	✓ when completed	**Time (When applicable)**
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area E		
Introduce self to staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Familiarize self with location of English, Spanish and Chinese education programs		

SECONDARY ACTIONS		
EDUCATOR TASKS	✓ when completed	Time (When applicable)
Direct patients to the appropriate education rooms; use color coded paperwork for guidance as needed English ☞white Chinese ☞blue Spanish ☞goldenrod		
Direct persons whose hands have been stamped after leaving the education to now enter the auditorium		
Inform patients that any questions regarding the vaccine or the questions on the Patient Medical History and Consent form will be answered at the screening tables		
Escort disabled patients (visually impaired, e.g.) through the entire clinic ⇨ Contraindications and Counseling (area G), Vaccination (area I), Paperwork Drop-off (area J) – (disabled patients should go to the front of the line.)		
Monitor those waiting in line for signs of fatigue or stress. Notify Area Leader as needed		
Participate in "Hot Wash" debriefing at conclusion of exercise		
Other duties as assigned:		

JOB ACTION SHEET
CLINIC PROCTOR

Position assigned to: _____

Clinic Area Assigned to: **AREA E: EDUCATION AREA**

You report to: _____ *Education Area Leader*

Mission: To facilitate the education of patients regarding smallpox vaccine administration.

IMMEDIATE ACTIONS		
Task	✓ when completed	Time (When applicable)
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area E		
Introduce self to all staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Familiarize self with all equipment used in your assigned area, including AV equipment and VCR tapes		
Familiarize self with location of English, Spanish and Chinese speaking education program rooms		

SECONDARY ACTIONS		
PROCTOR TASKS	✓ when completed	Time (When applicable)
Welcome patients to the education area		
Assist in writing entry and exit times on patient data collection forms as patients enter classroom		
Instruct patients to begin reading and filling out their paperwork		
Inform patients that any questions regarding the vaccine or the questions on the Patient Medical History and Consent form will be answered at the screening tables		
Prior to beginning video, orient patients on location of exits in case there is need to quickly exit the rooms		
Begin video when 50 people are in education room and safely seated (*n/a for Spanish and Chinese rooms*)		
Ensure that all persons in room speak the language appropriate to the video to be presented; direct persons to appropriate rooms as needed		
Document start and stop times of the video on the Video Log to assist with time study		
Announce the time that should be written on the patient data collection forms by each patient at the end of the video		
Hand stamp all patients as they exit education rooms with stamp stating "Educated DPH"		
Monitor those waiting in line for signs of fatigue or stress. Notify Area Leader as needed		
Participate in "Hot Wash" debriefing at conclusion of exercise		
Other duties as assigned:		

JOB ACTION SHEET
CLINIC RUNNERS

Position assigned to: _____

Primary Clinic Area Assigned to: **AREA E: EDUCATION AREA**

You report to: _____ *Education Area Leader*

Mission: To assist patients, staff and visitors in maintaining the logistical support structure of the clinic.

IMMEDIATE ACTIONS		
Task	✓ when completed	Time (When applicable)
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area E		
Introduce self to staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Familiarize self with all equipment and supplies used in your assigned area		
Familiarize self with paperwork used in your area		

SECONDARY ACTIONS		
Task	✓ when completed	Time (When applicable)
Assist with documentation of entry time into education room		
Assist with hand stamping of all patients as they exit education rooms with stamp "Educated by DPH"		
Communicate with proctors from other rooms in order to stagger films at least 5 minutes		
Distribute message forms, requests, verbal messages to other areas or to clinic manager as directed		
Maintain sufficient supplies and/or equipment as directed by education area staff		
Direct patients, visitors and staff to other areas of clinic as needed		
Run errands as directed by Education Area staff		
Monitor colleagues for signs of fatigue or stress. Notify Area Leader as needed.		
Monitor those waiting in line for signs of fatigue or stress. Notify Area Leader as needed.		
Participate in "Hot Wash" debriefing at conclusion of exercise		
Other duties as assigned:		

JOB ACTION SHEET
SCREENING LINE AREA LEADER

Position assigned to: _____

Clinic Area Assigned to: **Area F: Screening Line**

You report to: _____ **Clinic Manager**

Mission: The role of the Area Leader is the overall supervision of the area, including patient intake, assessment and flow; the Area Leader will also ensure participation in the patient data collection study and act in a staff role. The Area Leader will act as a resource for all staff in assigned area.

The Area Leader will have attended orientation and training prior to the exercise.

IMMEDIATE ACTIONS		
Task	✓ when completed	Time (When applicable)
Receive assignment from Clinic Manager		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Introduce self to all staff assigned to Area F		
Review roster of staff assigned to Area F: • Line Monitors • Gatekeepers • Runners		
Convene staff briefing for all persons assigned to Area E including but not limited to: • Staff introductions (name and position within DPH) • Mission and goals of area • Physical layout orientation • Patient flow from Area E into Area F • Patient flow from Area F into Areas G • Paperwork • Supplies and equipment • Orientation and education on exercise time study • Review of Job Action Sheets • Safety briefing		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D		

Clinic Areas (cont'd) • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Be familiar with the roles and Job Action Sheets for all persons assigned to Area F		
Be familiar with equipment & supplies used in Area F		
Ensure that all staff in assigned area have received watch and that times are accurate		
Familiarize self with all paperwork used in the clinic		

SECONDARY ACTIONS		
Task	✔ when completed	Time (When applicable)
Participate as Area F Gatekeeper; refer to Job Action Sheet for duties		
Schedule staff breaks and meals; notify staff of schedule Notify Clinic Manager of schedule.		
Monitor colleagues for signs of fatigue or stress. Notify clinic manager as needed.		
Monitor those waiting in line for signs of fatigue or stress. Notify clinic manager as needed.		
At conclusion of exercise, convene Area "Hot Wash" debriefing • Thank all staff for their participation • Assign scribe to document staff comments • Solicit from staff what went well, what did not go well. • Use flip charts provided in area to document findings		
Prepare 3-5 minute synopsis of Area F debriefing; Present Area comments at large group debriefing		
Collect Job Action Sheets from all staff in assigned area; deliver to exercise controllers		
Other duties as assigned		

JOB ACTION SHEET
SCREENING LINE GATEKEEPER

Position assigned to: _____

Clinic Area Assigned to: **AREA F: SCREENING LINE**

You report to: _____ *Screening Area Leader*

Mission: To assist patients in accessing the screening services of the vaccination clinic by ensuring patient flow in a courteous and friendly environment.

IMMEDIATE ACTIONS		
Task	✓ when completed	**Time (When applicable)**
Receive assignment from clinic manager		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area F		
Introduce self to all staff assigned to area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		

SECONDARY ACTIONS		
Task	✓ when completed	**Time (When applicable)**
Be familiar with the Patient Medical History and Consent Forms		
Review Patient Medical History and Consent form and direct patients to appropriate area ⇒ For patients with no contraindications checked, send them to an "easy" screening table ⇒ For patients that have checked "yes" or "don't know' on any contraindications, send them to a "hard" table		
Write times on data collections forms		
Refer patients with blue (Chinese) or goldenrod (Spanish) paperwork to Chinese or Spanish speaking screeners		
Direct patients who have not completed their forms to the Contraindication Counseling Area G		
Ensure that all patients exiting the Screening Line have their hands stamped; patients who do not have their hand stamped should return to Education Area E		
Direct patients, visitors and staff to other areas of clinic as needed		
Offer assistance, guidance to patients waiting in line		
Give directions to patients, visitors and staff as needed		
Monitor colleagues for signs of fatigue or stress. Notify Area Leader as needed.		
Monitor those waiting in line for signs of fatigue or stress. Notify Area Leader as needed.		
Participate in: Hot Wash" at conclusion of exercise.		
Other duties as assigned:		

JOB ACTION SHEET
CLINIC SCREENING LINE MONITOR

Position assigned to: _____

Clinic Area Assigned to: **AREA F: SCREENING LINE AREA**

You report to: _____ *Screening Line Area Leader*

Mission: To assist patients in accessing the services of the vaccination clinic by ensuring patient flow.

IMMEDIATE ACTIONS		
Task	**✔ when completed**	**Time (When applicable)**
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area F		
Introduce self to all staff assigned in area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Familiarize self with paperwork used in your area		

SECONDARY ACTIONS		
Task	**✔ when completed**	**Time (When applicable)**
Be familiar with the Patient Medical History and Consent Forms		
Direct people coming from Education Area into the **one** screening line		
Ensure that all patients entering the Screening Line have their hands stamped with "EDUCATED DPH"		
Offer assistance, guidance to patients waiting in line		
Refer patients with questions to Screeners stationed at the end of line		
Answer outstanding questions related to the Patient Medical History and Consent Forms		
Give directions to patients, visitors and staff as needed		
Monitor colleagues for signs of fatigue or stress. Notify Area Leader as needed.		
Monitor patients waiting in line for signs of fatigue or stress. Notify Area Leader as needed.		
Participate in "Hot Wash" at conclusion of exercise.		
Other duties as assigned:		

JOB ACTION SHEET
CLINIC RUNNERS

Position assigned to: _____

Clinic Area Assigned to: **AREA F: SCREENING LINE AREA**

You report to: _____ *Screening Line Area Leader*

Mission: To assist patients, staff and visitors in maintaining the logistical support structure of the clinic.

IMMEDIATE ACTIONS		
Task	✓ when completed	**Time (When applicable)**
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area F		
Introduce self to staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Familiarize self with all equipment and supplies used in your assigned area		
Familiarize self with paperwork used in your area		

SECONDARY ACTIONS		
Task	✓ when completed	Time (When applicable)
Distribute message forms, requests, verbal messages to other areas or to clinic manager as directed		
Run errands for Screening Line staff as needed		
Direct patients, visitors and staff to other areas of clinic as needed		
Monitor colleagues for signs of fatigue or stress. Notify Area Leader as needed.		
Monitor those waiting in line for signs of fatigue or stress. Notify Area Leader as needed.		
Participate in "Hot Wash" debriefing at conclusion of exercise		
Other duties as assigned:		

JOB ACTION SHEET
SCREENING AND CONTRAINDICATIONS COUNSELING AREA LEADERS

Position assigned to: _____

Clinic Area Assigned to: **Area G: Screening and Contraindications Counseling Areas**

You report to: _____ **Clinic Manager**

Mission: The role of the Area Leader is the overall supervision of the area, including patient intake, assessment and flow; the Area Leader will also ensure participation in the patient data collection study and act in a staff role. The Area Leader will act as a resource for all staff in assigned area. The Area G Screening Area Leader will work in conjunction with the Area G Contraindication Leader.

The Area Leader will have attended orientation and training prior to the exercise.

IMMEDIATE ACTIONS		
Task	✓ when completed	Time (When applicable)
Receive assignment from Clinic Manager		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Introduce self to all staff assigned to Area G Screening Area		
Review roster of staff assigned to Area G Screening Area • Physicians • Nurses • Runners		
Convene staff briefing for all persons assigned to Area G Screening Area including but not limited to: • Staff introductions (name and position within DPH) • Mission and goals of area • Physical layout orientation • Patient flow from Area F into Area G • Patient flow from Area G into Areas H or Area J • Paperwork • Supplies and equipment • Orientation and education on exercise time study • Review of Job Action Sheets • Safety briefing		
Familiarize self with other areas in clinic:		

• Queuing and Triage / Area A • Fever / rash Symptoms / Area B Clinic Areas (cont'd) • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Be familiar with the roles and Job Action Sheets for all persons assigned to Area G		
Be familiar with equipment & supplies used in Area G		
Ensure that all staff in assigned area have received watch and that times are accurate		
Familiarize self with all paperwork used in the clinic		

SECONDARY ACTIONS		
Task	✔ when completed	Time (When applicable)
Participate as Area G Screening or Counseling Physician; refer to Job Action Sheet for duties		
Schedule staff breaks and meals; notify staff of schedule Notify Clinic Manager of schedule.		
Monitor colleagues for signs of fatigue or stress. Notify clinic manager as needed.		
Monitor those waiting in line for signs of fatigue or stress. Notify clinic manager as needed.		
At conclusion of exercise, convene Area "Hot Wash" debriefing • Thank all staff for their participation • Assign scribe to document staff comments • Solicit from staff what went well, what did not go well. • Use flip charts provided in area to document findings		
Prepare 3-5 minute synopsis of Area G: Screening Area debriefing; Present Area comments at large group		

debriefing		
Collect Job Action Sheets from all staff in assigned area; deliver to exercise controllers		
Other duties as assigned		

JOB ACTION SHEET
CONTRAINDICATION COUNSELING CLINICIAN

Position assigned to: _____

Clinic Area Assigned to: **AREA G: SCREENING AND CONTRA-INDICATION COUNSELING AREA**

You report to: _____*Contraindication Screening Area Leaders*

Mission: To review Patient Medical History and Consent form for contraindications and discuss implications of contraindications.

IMMEDIATE ACTIONS		
Task	**✓ when completed**	**Time (When applicable)**
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area G		
Introduce self to all staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		

SECONDARY ACTIONS		
Task	**✓ when completed**	Time (When applicable)
Be familiar with the Patient Medical History and Consent forms		
Document time of arrival to Contraindication Counseling Area on patient data collection form		
Assist patients referred from the Screening Line who need additional time and/or assistance with Medical History and Consent Form		
Answer questions / concerns regarding vaccination		
If contraindications indicated on Medical History and Consent form, review contraindication as indicated by patient; determine validity of contraindication		
If cleared for vaccination, document clearance (by signing) on Page 4 of the Patient Medical History and Consent form and		
Direct patients cleared for vaccination to Area H: Vaccination Line		
If necessary, contact Clinic Medical Director for additional assistance, guidance or clarification of contraindication		
If contraindication is accurate for smallpox vaccine, document this on Page 4 of the Patient Medical History and Consent Form		
Patients who have a positive contraindication for the vaccine (who have now completed their role in the exercise) should be directed to the Area J: Paperwork Drop-off Area		
Place a sticker on the bottom of Page 4 of the Patient Medical History and Consent form for patients who have a positive contraindication for the vaccine, but who insist on receiving the vaccine *Sticker reads +CI-clear for vaccination*		
Document time of departure from Contraindication Counseling Area on patient data collection form		
Monitor those waiting in cue for signs of fatigue or stress. Notify Area Leader as needed.		
Monitor colleagues for signs of fatigue or stress. Notify the Area Leader as needed.		
Participate in "Hot Wash" debriefing at conclusion of exercise		
Other duties as assigned:		

JOB ACTION SHEET
CONTRAINDICATION AREA MONITOR

Position assigned to: _____

Clinic Area Assigned to: **AREA G: SCREENING AND CONTRA-INDICATION COUNSELING AREA**

You report to: _____ *Contraindication Screening Area Leaders*

Mission: To assist patients in accessing the services of the contraindication counselors by ensuring patient flow.

IMMEDIATE ACTIONS		
Task	✔ when completed	Time (When applicable)
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area G		
Introduce self to all staff assigned in area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q		

• Pay telephones, rest rooms		

SECONDARY ACTIONS		
Task	✔ when completed	Time (When applicable)
Be familiar with the Patient Medical History and Consent Forms		
Direct patients coming from Screening Line and/or screening tables to open stations		
If there are no open stations, direct patient to wait in available chairs.		
Refer all questions regarding smallpox vaccine and contraindications to the Contraindication Clinicians		
Give directions to patients, visitors and staff as needed		
Monitor patients waiting inline for signs of fatigue or stress. Notify Area Leader as needed.		
Monitor colleagues for signs of fatigue or stress. Notify the Area Leader as needed.		
Participate in "Hot Wash" at conclusion of exercise.		
Other duties as assigned:		

JOB ACTION SHEET
CLINIC RUNNERS

Position assigned to: _____

Clinic Area Assigned to: **AREA G: SCREENING AND CONTRA-INDICATION COUNSELING AREA**

You report to: _____ Contraindication Screening Area Leaders

Mission: To assist patients, staff and visitors by maintaining the logistical support structure of the clinic.

IMMEDIATE ACTIONS		
Task	✓ when completed	**Time (When applicable)**
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area G		
Introduce self to staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Familiarize self with all equipment and supplies used in your assigned area		

SECONDARY ACTIONS		
Task	✓ when completed	Time (When applicable)
Familiarize self with paperwork used in your area		
Distribute message forms, requests, verbal messages to other areas or to clinic manager as directed		
Run errands for Contraindication Counselors, Screeners and Monitors as needed		
Direct patients, visitors and staff to other areas of clinic as needed		
Monitor colleagues for signs of fatigue or stress. Notify Area Leader as needed.		
Monitor those waiting in line for signs of fatigue or stress. Notify Area Leader as needed.		
Participate in "Hot Wash" debriefing at conclusion of exercise		
Other duties as assigned:		

JOB ACTION SHEET
VACCINATION LINE AREA LEADER

Position assigned to: _____

Clinic Area Assigned to: **Area H: Vaccination Line**

You report to: _____ **Clinic Manager**

Mission: The role of the Area Leader is the overall supervision of the area, including patient intake, assessment and flow; the Area Leader will also ensure participation in the patient data collection study and act in a staff role. The Area Leader will act as a resource for all staff in assigned area.

The Area Leader will have attended orientation and training prior to the exercise.

IMMEDIATE ACTIONS		
Task	✓ when completed	Time (When applicable)
Receive assignment from Clinic Manager		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Introduce self to all staff assigned to Area H Vaccination Line Area		
Review roster of staff assigned to Area H Screening Area • Line Monitors • Runners		
Convene staff briefing for all persons assigned to Area H Vaccination Line Area including but not limited to: • Staff introductions (name and position within DPH) • Mission and goals of area • Physical layout orientation • Patient flow from Area G into Area H: Vaccination Line Area • Patient flow from Area H Vaccination Line into Area I: Vaccination • Paperwork • Supplies and equipment • Orientation and education on exercise time study • Review of Job Action Sheets • Safety briefing		

Task	✓ when completed	Time (When applicable)
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Be familiar with the roles and Job Action Sheets for all persons assigned to Area H		
Be familiar with equipment & supplies used in Area H		
Ensure that all staff in assigned area have received watch and that times are accurate		
Familiarize self with all paperwork used in the clinic		

SECONDARY ACTIONS		
Task	✔ when completed	Time (When applicable)
Participate as Area H: Vaccination Line Monitor; refer to Job Action Sheet for duties		
Schedule staff breaks and meals; notify staff of schedule Notify Clinic Manager of schedule.		
Monitor colleagues for signs of fatigue or stress. Notify clinic manager as needed.		
Monitor those waiting in line for signs of fatigue or stress.		
At conclusion of exercise, convene Area "Hot Wash" debriefing • Thank all staff for their participation • Assign scribe to document staff comments • Solicit from staff what went well, what did not go well. • Use flip charts provided in area to document findings		

TASK	✔ when completed	Time (When applicable)
Prepare 3-5 minute synopsis of Area H debriefing; Present Area comments at large group debriefing		
Collect Job Action Sheets from all staff in assigned area; deliver to exercise controllers		
Other duties as assigned		

JOB ACTION SHEET
VACCINATION LINE MONITOR

Position assigned to: _____

Clinic Area Assigned to: **AREA H: VACCINATION LINE AREA**

You report to: _____ *Vaccination Line Area Leader*

Mission: To assist patients in accessing the services of the vaccination clinic by ensuring patient flow.

IMMEDIATE ACTIONS		
Task	**✔ when completed**	**Time (When applicable)**
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area H		
Introduce self to all staff assigned in area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		

SECONDARY ACTIONS		
Task	**✔ when completed**	**Time (When applicable)**
Be familiar with the Patient Medical History and Consent Forms		
Check forms to ensure that all patients waiting in line have been cleared for vaccination (Page 4 of Patient Medical History and Consent Form) (look for signature of clinician from Area G and/or bright green sticker)		
Document time on patient data collection sheets as patients are at end of line		
Be familiar with location of Chinese and Spanish speaking vaccinators		
Direct patients to an open vaccination station. Use color coded forms as guidance when needed: English ☞white Chinese ☞blue Spanish ☞goldenrod		
Offer assistance, guidance to patients waiting in line		
Refer patients with additional questions to Screeners		
Give directions to patients, visitors and staff as needed		
Monitor patients for signs of fatigue or stress. Notify Area Leader as needed.		
Monitor colleagues for signs of fatigue or stress. Notify the Area Leader as needed.		
Participate in "Hot Wash" at conclusion of exercise.		
Other duties as assigned:		

JOB ACTION SHEET
CLINIC RUNNERS

Position assigned to: _____

Clinic Area Assigned to: **AREA H: VACCINATION LINE AREA**

You report to: _____ *Vaccination Line Area Leader*

Mission: To assist patients, staff and visitors in maintaining the logistical support structure of the clinic.

IMMEDIATE ACTIONS		
Task	✓ when completed	**Time (When applicable)**
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area H		
Introduce self to all staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Familiarize self with all equipment and supplies used in your assigned area		
Familiarize self with paperwork used in your area		

SECONDARY ACTIONS		
Task	✓ when completed	Time (When applicable)
Distribute message forms, requests, verbal messages to other areas or to clinic manager as directed		
Run errands for vaccination line monitors as requested		
Direct patients, visitors and staff to other areas of clinic as needed		
Monitor colleagues for signs of fatigue or stress. Notify Area Leader as needed.		
Monitor those waiting in line for signs of fatigue or stress. Notify Area Leader as needed.		
Participate in "Hot Wash" debriefing at conclusion of exercise		
Other duties as assigned:		

JOB ACTION SHEET
VACCINATION AREA LEADER

Position assigned to: _____

Clinic Area Assigned to: **Area I: Vaccination Area**

You report to: _____ **Clinic Manager**

Mission: The role of the Area Leader is the overall supervision of the area, including patient intake, assessment and flow; the Area Leader will also ensure participation in the patient data collection study and act in a staff role. The Area Leader will act as a resource for all staff in assigned area.

The Area Leader will have attended orientation and training prior to the exercise.

IMMEDIATE ACTIONS		
Task	✓ when completed	Time (When applicable)
Receive assignment from Clinic Manager		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Introduce self to all staff assigned to Area I Vaccination Area		
Review roster of staff assigned to Area I Vaccination Area • Vaccinators • Runners • Housekeeper		
Convene staff briefing for all persons assigned to Area I:Vaccination Area including but not limited to: • Staff introductions (name and position within DPH) • Mission and goals of area • Physical layout orientation • Patient flow from Area H Vaccination Line into Area I: Vaccination • Patient flow from Area I into Area J: Paperwork Drop-off • Paperwork • Supplies and equipment • Orientation and education on exercise time study • Review of Job Action Sheets • Safety briefing		

Task	✓ when completed	Time (When applicable)
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Be familiar with the roles and Job Action Sheets for all persons assigned to Area I		
Be familiar with equipment & supplies used in Area I		
Ensure that all staff in assigned area have received watch and that times are accurate		
Familiarize self with all paperwork used in the clinic		

SECONDARY ACTIONS		
Task	✓ when completed	Time (When applicable)
Participate as Area I: Vaccinator; refer to Job Action Sheet for duties		
Schedule staff breaks and meals; notify staff of schedule Notify Clinic Manager of schedule.		
Monitor colleagues for signs of fatigue or stress. Notify clinic manager as needed.		
Monitor those waiting in line for signs of fatigue or stress.		
At conclusion of exercise, convene Area "Hot Wash" debriefing • Thank all staff for their participation • Assign scribe to document staff comments • Solicit from staff what went well, what did not go well. • Use flip charts provided in area to document findings		

TASK	✓ when completed	Time (When applicable)
Prepare 3-5 minute synopsis of Area I debriefing; Present Area comments at large group debriefing		
Collect Job Action Sheets from all staff in assigned area; deliver to exercise controllers		
Other duties as assigned		

JOB ACTION SHEET
CLINIC VACCINATORS

Position assigned to: _____

Clinic Area Assigned to: **AREA I: VACCINATION AREA**

You report to: _____ *Vaccination Area Leader*

Mission: To safely administer the smallpox vaccination to persons who have been medically screened, evaluated and cleared to receive the vaccine following strict infection control practices.

IMMEDIATE ACTIONS		
Task	**✓ when completed**	**Time (When applicable)**
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Attend briefing with Area Leader and others assigned to Area I		
Introduce self to all staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Familiarize self with all paperwork used in assigned area		

Note: Staff in this area will rotate between vaccinating and dressing and each action will be coded separately for the time study.

SECONDARY ACTIONS		
Task	**✓ when completed**	**Time**
Check vaccine stations for adequate supplies and equipment: • Tables / chairs • Infection control / blood borne pathogens PPE, including gloves • Chux (barrier protection) • Plastic straws (used to simulate vaccine needles) • Sharps box • Gauze & tape • Waterless hand cleaner • Vaccine vial holder(s) • Site care instruction sheets • Vaccine administration guidelines		
Request needed supplies and equipment from administration area		
Ensure that there is sufficient lighting and workspace to administer vaccines		
Determine work patterns, rotation of positions to mitigate fatigue, stress		
Place vaccine lot # sticker on Patient Medical History and Consent Form (page 1 top right corner).		
Reiterate location of site care instructions in patient information packets		
IF VACCINATING		
When patient's arm is ready for vaccination, document start time on patient data collection form.		
Administer vaccine in accordance with "Smallpox Vaccine Administration" guidelines.		
After completing vaccination, document time on patient data collection form. If vaccination lasts less than 1 minute, draw an arrow through to next column.		
Complete all necessary documentation related to vaccine administration found on Page 1 of Patient Medical History and Consent Form		
IF DRESSING		
Dress vaccine site with gauze and tape.		
At conclusion of dressing, document time on bottom of patient data collection form in the specified Dressing area and use the "D" code associated with each table.		
Direct patients to Paperwork Drop-Off Area J		
Give directions to patients, visitors and staff as needed		
Monitor colleagues for signs of fatigue or stress. Notify Area Leader as needed.		

Monitor those waiting in que for signs of fatigue or stress. Notify Area Leader as needed.		
Monitor patients for signs of stress or other medical compromise		
Participate in "Hot Wash" debriefing at conclusion of exercise.		
Other duties as assigned:		

JOB ACTION SHEET
CLINIC RUNNERS

Position assigned to: _____

Clinic Area Assigned to: **AREA I: VACCINATION AREA**

You report to: _____ *Vaccination Area Leader*

Mission: To assist patients, staff and visitors in maintaining the logistical support structure of the clinic.

IMMEDIATE ACTIONS		
Task	✓ when completed	**Time (When applicable)**
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area I		
Introduce self to all staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Familiarize self with all equipment and supplies used in your assigned area		
Familiarize self with paperwork used in your area		

SECONDARY ACTIONS		
Task	✓ when completed	Time (When applicable)
Deliver reconstituted vaccine and additional vaccine administration supplies to vaccine stations from pharmacy		
Distribute message forms, requests, verbal messages to other areas or to clinic manager as directed		
Run errands for vaccinators as requested		
Direct patients, visitors and staff to other areas of clinic as needed		
Monitor colleagues for signs of fatigue or stress. Notify Area Leader as needed.		
Monitor those waiting in line for signs of fatigue or stress. Notify Area Leader as needed.		
Participate in "Hot Wash" debriefing at conclusion of exercise		
Other duties as assigned:		

JOB ACTION SHEET
PAPERWORK DROP OFF AREA LEADER

Position assigned to: _____

Clinic Area Assigned to: **Area J: Paperwork Drop Off Area**

You report to: _____ **Clinic Manager**

Mission: The role of the Area Leader is the overall supervision of the area, including patient intake, assessment and flow; the Area Leader will also ensure participation in the patient data collection study and act in a staff role. The Area Leader will act as a resource for all staff in assigned area.

The Area Leader will have attended orientation and training prior to the exercise.

IMMEDIATE ACTIONS		
Task	✓ when completed	Time (When applicable)
Receive assignment from Clinic Manager		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Introduce self to all staff assigned to Area J: Paperwork Drop Off Area		
Review roster of staff assigned to Area J: Paperwork Drop Off Area • Paperwork Receivers • Runners • Calligraphers		
Convene staff briefing for all persons assigned to Area J Paperwork Drop Off Area including but not limited to: • Staff introductions (name and position within DPH) • Mission and goals of area • Physical layout orientation • Patient flow from Area I into Area J: Paperwork Drop Off • Patient flow from Area B: Fever / Rash into Area J • Patient flow from Area C: Contact Area into Area J • Paperwork • Supplies and equipment • Orientation and education on exercise time study • Review of Job Action Sheets • Safety briefing		

Task	✓ when completed	Time (When applicable)
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Be familiar with the roles and Job Action Sheets for all persons assigned to Area J		
Be familiar with equipment & supplies used in Area J		
Ensure that all staff in assigned area have received watch and that times are accurate		
Familiarize self with all paperwork used in the clinic		

SECONDARY ACTIONS		
Task	✓ when completed	Time (When applicable)
Participate as Area J: Paperwork Receiver refer to Job Action Sheet for duties		
Schedule staff breaks and meals; notify staff of schedule Notify Clinic Manager of schedule.		
Monitor colleagues for signs of fatigue or stress. Notify clinic manager as needed.		
Monitor those waiting in line for signs of fatigue or stress.		
At conclusion of exercise, convene Area "Hot Wash" debriefing • Thank all staff for their participation • Assign scribe to document staff comments • Solicit from staff what went well, what did not go well. • Use flip charts provided in area to document findings		

TASK	✓ when completed	Time (When applicable)
Prepare 3-5 minute synopsis of Area J debriefing; Present Area comments at large group debriefing		
Collect Job Action Sheets from all staff in assigned area; deliver to exercise controllers		
Other duties as assigned		

JOB ACTION SHEET
CLINIC PAPERWORK RECEIVERS

Position assigned to: _____

Clinic Area Assigned to: **AREA J: PAPERWORK DROP-OFF AREA**

You report to: _____ *Paperwork Drop-Off Area Leader*

Mission: To maintain patient flow through the receipt of paperwork and exercise materials in a timely and efficient manner.

IMMEDIATE ACTIONS		
Task	✓ when completed	Time (when applicable)
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area J		
Introduce self to all staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		

SECONDARY ACTIONS		
Task	✓ when completed	Time (when applicable)
Thank all persons participating in clinic exercise		
Collect all paperwork from patients		
Separate forms into appropriate boxes • Medical History and Consent forms • Patient data collection forms • Cardboard backings • Patient Evaluation forms • Pens • Miscellaneous forms, including exercise roles, welcome forms, educational materials, exercise roles, urgent care forms etc: that may be left by patients		
Distribute promotional gifts to all exercise volunteers		
Distribute certificates of appreciation and direct volunteers to calligrapher if they want their names in calligraphy		
Document final time on patient data collection form		
Monitor colleagues for signs of fatigue or stress. Notify Area Leader as needed.		
Monitor those waiting in cue for signs of fatigue or stress. Notify Area Leader as needed.		
Participate in "Hot Wash" debriefing at conclusion of exercise		
Other duties as assigned:		

JOB ACTION SHEET
CALLIGRAPHER

Position assigned to: _____

Clinic Area Assigned to: **AREA J: PAPERWORK DROP OFF AREA**

You report to: _____ *Paperwork Drop-Off Area Leader*

Mission: To assist with the distribution of volunteer certificates of appreciation.

IMMEDIATE ACTIONS		
Task	✓ when completed	Time (When applicable)
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area J		
Introduce self to all staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Familiarize self with all equipment and supplies used in your assigned area		
Familiarize self with all paperwork used in your area		

SECONDARY ACTIONS		
Task	✓ when completed	Time (When applicable)
Using calligraphy pens, document volunteer's name on certificate of appreciation		
When directed, assist in receipt of paperwork at Area J: Paperwork Drop-Off Area		
Assist in separating forms into appropriate boxes		
Give directions to patients, visitors and staff as needed		
Monitor colleagues for signs of fatigue or stress. Notify Area Leader		
Monitor those waiting in line for signs of fatigue or stress. Notify Area Leader		
Participate in "Hot Wash" at conclusion of exercise.		
Other duties as assigned:		

JOB ACTION SHEET
CLINIC RUNNERS

Position assigned to: _____

Clinic Area Assigned to: **AREA J: PAPERWORK DROP-OFF AREA**

You report to: _____ *Paperwork Drop-Off Area Leader*

Mission: To assist patients, staff and visitors by maintaining the logistical support structure of the clinic

IMMEDIATE ACTIONS		
Task	**✓ when completed**	**Time (When applicable)**
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area J		
Introduce self to all staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Familiarize self with all equipment, paperwork and supplies used in your assigned area		

SECONDARY ACTIONS		
Task	**✓ when completed**	Time (When applicable)
Greet all patients entering paperwork drop-off area		
Returnapplicable paper stacks, cardboard backings and pens to Area D: Paperwork Distribution Area		
Deliver patient evaluation forms to Area N: Data Entry		
Assist with writing times on patient data collection forms as directed		
Distribute message forms, requests, verbal messages to other areas or to clinic manager as directed		
Run errands as directed by Paperwork Drop-Off Area staff		
Give directions to patients, visitors and staff as needed		
Monitor colleagues for signs of fatigue or stress. Notify Area Leader		
Monitor those waiting in line for signs of fatigue or stress. Notify Area Leader		
Participate in "Hot Wash" at conclusion of exercise.		
Other duties as assigned:		

JOB ACTION SHEET
MEDICAL CARE (FIRST AID) AREA LEADER

Position assigned to: _____

Clinic Area Assigned to: **Area K: Medical Care / First Aid**

You report to: _____ **Clinic Manager**

Mission: The role of the Area Leader is the overall supervision of the area, including patient intake, assessment and flow; the Area Leader will also ensure participation in the patient data collection study and act in a staff role. The Area Leader will act as a resource for all staff in assigned area.

The Area Leader will have attended orientation and training prior to the exercise.

IMMEDIATE ACTIONS		
Task	✓ when completed	Time (When applicable)
Receive assignment from Clinic Manager		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Introduce self to all staff assigned to Area K: Medical Care / First Aid		
• Review roster of staff assigned to Area K: Medical Care / First Aid • Nurse • Runners		
Convene staff briefing for all persons assigned to Area K Medical Care / First Aid Area including but not limited to: • Staff introductions (name and position within DPH) • Mission and goals of area • Physical layout orientation • Patient flow from any area into Area K: Medical Care / First Aid • Patient flow from K to other areas: patients will return to area last seen or may be discharged from the exercise • Patient flow from Area K into Area J: Paperwork Drop Off Area • Paperwork • Supplies and equipment • Orientation and education on exercise time study • Review of Job Action Sheets • Safety briefing		

Task	✓ when completed	Time (When applicable)
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Be familiar with the roles and Job Action Sheets for all persons assigned to Area K		
Be familiar with equipment & supplies used in Area K		
Ensure that all staff in assigned area have received watch and that times are accurate		
Familiarize self with all paperwork used in the clinic		

SECONDARY ACTIONS		
Task	✓ when completed	Time (When applicable)
Participate as Area K: First Aid/ Medical Care Physician; refer to Job Action Sheet for duties		
Schedule staff breaks and meals; notify staff of schedule Notify Clinic Manager of schedule.		
Monitor colleagues for signs of fatigue or stress. Notify clinic manager as needed.		
Monitor those waiting in line for signs of fatigue or stress.		
At conclusion of exercise, convene Area "Hot Wash" debriefing • Thank all staff for their participation • Assign scribe to document staff comments • Solicit from staff what went well, what did not go well. • Use flip charts provided in area to document findings		

TASK	✓ when completed	Time (When applicable)
Prepare 3-5 minute synopsis of Area K debriefing; Present Area comments at large group debriefing		
Collect Job Action Sheets from all staff in assigned area; deliver to exercise controllers		
Other duties as assigned		

JOB ACTION SHEET
CLINIC PHYSICIAN

Position assigned to: _____

Clinic Area Assigned to: **AREA K: MEDICAL CARE / FIRST AID**

You report to: _____ *Medical Care Area Leader*

Mission: To assist patients presenting to the clinic for medical screening, education, evaluation and treatment, when indicated.

IMMEDIATE ACTIONS		
Task	**✓ when completed**	**Time (When applicable)**
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area K		
Introduce self to all staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Familiarize self with paperwork used in your area		

SECONDARY ACTIONS		
Task	✓ **when completed**	Time (When applicable)
Be familiar with all available supplies and equipment; request additional supplies from Supply Area		
Evaluate patients presenting to Medical Care Area		
Documents all findings including interventions on medical form provided (SFGH Urgent Care Treatment Record)		
Maintain infection control standards as outlined by Clinic Medical Director		
Write time in and time out on patient data collection forms of all patients seen in Area K		
Separate Urgent Care Treatment Record and distribute as follows: White copy to stay with patient's medical record Yellow and Pink copies to stay in Medical Care Area		
Direct patients to other areas of clinic as needed (use runners to escort as applicable)		
Patients cleared from this area should be directed to Area D: Paperwork Distribution or may return to the last assigned area		
Utilize runners to escort patients to Area D: Paperwork Distribution or other appropriate area		
Patients discharged from this area (those patients who have completed their role in the exercise) are to be directed to Area J: Paperwork Drop-Off		
Utilize runners to escort patients to Area J: Paperwork Drop-Off		
Give directions to patients, visitors and staff as needed		
Monitor colleagues for signs of fatigue or stress. Notify Area Leader as needed		
Monitor those waiting in cue for signs of fatigue or stress. Notify Area Leader as needed.		
Participate in "Hot Wash" debriefing at conclusion of exercise		
Other duties as assigned:		

JOB ACTION SHEET
CLINIC NURSE

Position assigned to: _____

Clinic Area Assigned to: **AREA K: MEDICAL CARE / FIRST AID**

You report to: _____ *Medical Care Area Leader*

Mission: To assist patients presenting to the clinic for medical screening, education and evaluation and treatment, when indicated.

IMMEDIATE ACTIONS		
Task	✓ when completed	Time (When applicable)
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area K		
Introduce self to all staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Familiarize self with paperwork used in your area		

SECONDARY ACTIONS		
Task	**✓ when completed**	Time (When applicable)
Be familiar with the paperwork used in this area		
Review and check all available supplies and equipment; request additional supplies from Supply Area		
Evaluate patients presenting to Medical Care Area		
Document all findings including interventions on medical form provided (SFGH Urgent Care Medical Record)		
Maintain infection control standards as outlined by Clinic Medical Director		
Write time in and time out on patient data collection forms of all patients seen in assigned are		
Direct patients to other areas of clinic as needed		
Patients cleared from this area may enter the Area D: Paperwork Distribution or may return to the last assigned area		
Utilize runners to escort patients to Area D: Paperwork Distribution or other appropriate area		
Patients discharged from this area (those patients who have completed their role in the exercise) are to be directed to Area J: Paperwork Drop-Off		
Utilize runners to escort patients to Area J: Paperwork Drop-Off		
Give directions to patients, visitors and staff as needed		
Monitor colleagues for signs of fatigue or stress. Notify Area Leader as needed		
Monitor those waiting in cue for signs of fatigue or stress. Notify Area Leader as needed.		
Participate in "Hot Wash" debriefing at conclusion of exercise		
Other duties as assigned:		

JOB ACTION SHEET
CLINIC RUNNERS

Position assigned to: _____

Clinic Area Assigned to: **AREA K: MEDICAL CARE /FIRST AID**

You report to: _____ *Medical Care Area Leader*

Mission: to assist patients, staff and visitors in maintaining the logistical support structure of the clinic

IMMEDIATE ACTIONS		
Task	✓ when completed	**Time (When applicable)**
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area K		
Introduce self to all staff assigned to Area k		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Familiarize self with all equipment and supplies used in your assigned area		
Familiarize self with all paperwork used in your assigned area		

SECONDARY ACTIONS		
Task	✓ when completed	**Time (When applicable)**
Maintain sufficient supplies of paperwork		
Distribute message forms, requests, verbal messages to other areas or to clinic manager as directed		
Maintain sufficient medical supplies and/or equipment as directed by symptom area staff		
Give directions to patients, visitors and staff as needed		
Monitor colleagues for signs of fatigue or stress. Notify clinic manager as needed.		
Monitor those waiting in line for signs of fatigue or stress. Notify clinic manager as needed.		
Escort patients who are rejoining the exercise to Paperwork Distribution Area D or last area assigned to prior to entry into Medical Care		
Escort patients who are discharged from this area (those whose role in the exercise is now over) to the Paperwork Drop-Off Area J		
Run errands as directed by Medical Care / First Aid area staff		
Attend "Hot Wash" exercise debriefing at conclusion of exercise		
Other duties as assigned:		

JOB ACTION SHEET
CLINIC MEDICAL DIRECTOR

Position assigned to: _____

You report to: _____ Clinic Manager

*Mission: The Clinic Medical Director will work **in conjunction** with the Clinic Manager to oversee the medical screening, evaluation and administration of the smallpox vaccine. The Medical Director will be responsible for oversight of all medical care provided at the vaccination clinic.*

IMMEDIATE ACTIONS		
Task	✓ when completed	Time (when applicable)
Put on identification vest and picture ID badge		
Attend briefing with Clinic Manager		
Introduce self to Area Leaders and Exercise Controllers		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Familiarize self with paperwork used in all areas		
Familiarize self with all equipment and supplies used in clinic		

SECONDARY ACTIONS		
Task	✓ when completed	Time (when applicable)
Ensure that all patient care or contact areas are adhering to infection control policies		
Consult with Exercise Controllers on any questions, concerns regarding patient scenarios, exercise flow		
Be available for consult from screeners, First Aid Area, Fever/ Rash Area and Vaccinators		
Serve as final arbiter regarding medical questions, clinical care issues, vaccine refusal		
Act as final decision maker for persons with contraindications or suspected contacts to receive the vaccine		
Refer all requests from media to DPH Public Information Officer or Departmental Operating Center (DOC)		
Give directions to patients, visitors and staff as needed		
Monitor colleagues for signs of fatigue or stress. Notify clinic manager as needed.		
Monitor those waiting in que for signs of fatigue or stress.		
Participate in "Hot Wash" debriefing at conclusion of exercise		
Other duties as assigned:		

JOB ACTION SHEET
AREA LEADER

Position assigned to: _____

Clinic Area Assigned to: _____

You report to: _____ *Clinic Manager*

Mission: The role of the Area Leader is the overall supervision of the area, including patient intake, assessment and flow; the Area Leader will also ensure participation in the patient data collection study and act in a staff role. The Area Leader will act as a resource for all staff in assigned area.

The Area Leader will have attended orientation and training prior to the exercise.

IMMEDIATE ACTIONS		
Task	✓ when completed	Time (When applicable)
Receive assignment from Clinic Manager		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Introduce self to all staff assigned to Area B		
Convene staff briefing for all persons assigned to Area B including but not limited to: • Staff introductions (name and position within DPH) • Mission and goals of area • Physical layout orientation • Paperwork • Supplies and equipment • Orientation and education on exercise time study • Review of Job Action Sheets • Safety briefing		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J		

Clinic Areas (cont'd) • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Be familiar with the roles and Job Action Sheets for all persons in your assigned area of responsibility		
Familiarize self with all equipment and supplies used in your assigned area		
Ensure that all staff in assigned area have received watch and that times are accurate		
Familiarize self with all paperwork used in your assigned area		

SECONDARY ACTIONS		
Task	**✓ when completed**	**Time (When applicable)**
Participate as a staff person within assigned area; refer to Job Action Sheet for assigned area		
Consult Clinic Medical Director as needed for patient evaluation concerns or questions		
Schedule staff breaks and meals; notify staff of schedule Notify Clinic Manager of schedule.		
Consult with exercise controllers for questions regarding flow, scenarios, exercise script		
Monitor colleagues for signs of fatigue or stress. Notify clinic manager as needed.		
Monitor those waiting in line for signs of fatigue or stress. Notify clinic manager as needed.		
At conclusion of exercise, convene Area "Hot Wash" debriefing • Thank all staff for their participation • Assign scribe to document staff comments • Solicit from staff what went well, what did not go well. • Use flip charts provided in area to document findings. • If necessary, prioritize and summarize findings for presentation at large group debriefing.		
Collect Job Action Sheets from all staff in assigned area; deliver to exercise controllers		
Present Area comments at large group debriefing		

JOB ACTION SHEET
CLINIC MANAGER

Position assigned to: _____

You report to: _____ *DPH Departmental Operating Center*

Mission: Responsible for the overall operations of the smallpox clinic, ensuring the medical screening, education, care and vaccine administration is completed in a safe and timely manner. The clinic manager serves as final arbiter on issues of staffing, supplies, and equipment.

IMMEDIATE ACTIONS		
Task	**✓ when completed**	**Time (When applicable)**
Put on identification vest and picture ID badge		
Attend briefing with Medical Director and Exercise controllers		
Introduce self to Area Leaders and Exercise Controllers		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Familiarize self with all paperwork used in clinic		
Review staffing and assignments with Area Leaders and exercise staff		
Receive radio from Exercise Controllers; perform radio ✓		

SECONDARY ACTIONS		
Task	**✓ when completed**	**Time** (When applicable)
Refer all requests from media to DPH Public Information Officer		
Perform rounds of all clinic areas on routine basis; ensure that Area Leaders have sufficient staffing, supplies and equipment		
Consult with James Bowman Associates personnel if DPH staff need to be re-assigned (to ensure compliance with time study and personnel coding)		
Ensure that all Area Leaders are maintaining compliance with time study		
Orient supply clerks and runners for administrative area to all duties to be performed		
Give directions to patients, visitors and staff as needed		
Monitor colleagues for signs of fatigue or stress. Initiate breaks and, when needed, Critical Incident Stress debriefing.		
Monitor those waiting in cue for signs of fatigue or stress.		
Other duties as assigned:		

JOB ACTION SHEET
EXERCISE CONTROLLER

Position assigned to: _____

You report to: _____ *Lead Controller*

_____ *Clinic Manager*

Mission: The Exercise Controllers are responsible for the overall exercise flow, including assignment of patient roles, distribution of exercise problems, on site communications adherence to time schedule.

IMMEDIATE ACTIONS		
Task	✓ when completed	Time (When applicable)
Receive assignment from Lead Controller		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Introduce self to the following persons: • Area Leaders • Safety Officer • Public Information Officer • Liaison Officers		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		

Task	**✓ when completed**	**Time (When applicable)**
Meet with exercise control staff to review exercise injects and patient roles		
Review with Lead Controller the criteria for message injects / problems		
Review time line for exercise including start and stop times, area closures, briefings and meetings, debriefing		
Review patient flow through the clinic		
Answer questions from clinic staff regarding the exercise; refer patient or work related questions to Area Leaders		
Monitor colleagues for signs of fatigue or stress. Notify clinic manager as needed.		
Monitor those waiting in line for signs of fatigue or stress. Notify clinic manager as needed.		
Participate in "Hot Wash" debriefing at conclusion of exercise		
Other duties as assigned:		

JOB ACTION SHEET
HOUSEKEEPER

Position assigned to: _____

Clinic Area Assigned to: **AREA M: Clinic Management**

You report to: _____ *Vaccination Area Leader*

Mission: To assist patients, staff and visitors in maintaining the logistical support structure of the clinic.

IMMEDIATE ACTIONS		
Task	✓ when completed	Time (When applicable)
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area P		
Introduce self to staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Familiarize self with all equipment and supplies used in your assigned area		
Familiarize self with paperwork used in your area		

SECONDARY ACTIONS		
Task	✓ when completed	Time (When applicable)
Clean up accidental spills throughout clinic as requested by other area leaders or staff or clinic manager (i.e. vaccination area, staff break area etc.) using infection control measures and personal protective equipment		
Maintain sufficient supplies and/or equipment as directed by Clinic Manager		
Transport waste to central location behind Clinic Management area		
Direct patients, visitors and staff to other areas of clinic as needed		
Monitor colleagues for signs of fatigue or stress. Notify Area Leader as needed.		
Monitor those waiting in line for signs of fatigue or stress. Notify Area Leader as needed.		
Participate in "Hot Wash" debriefing at conclusion of exercise		
Other duties as assigned:		

JOB ACTION SHEET
SUPPLY CLERKS

Position assigned to: _____

Clinic Area Assigned to: **AREA M: ADMINISTRATION AND MANAGEMENT**

You report to: _____ *Clinic Manager*

Mission: To assist patients, staff and visitors by maintaining the logistical support structure of the clinic.

IMMEDIATE ACTIONS		
Task	✓ when completed	**Time (When applicable)**
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area M		
Introduce self to all staff assigned to Area M		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Familiarize self with all equipment. Supplies and paperwork used in your assigned area		

SECONDARY ACTIONS		
Task	✓ when completed	**Time (When applicable)**
Inventory all supplies in Area M		
Receive requests from clinic areas for additional supplies		
Fill requests from clinic areas for additional supplies; distribute as needed using runners when available		
Update inventory log as supplies and equipment are distributed		
Notify Clinic Manager of all supply and equipment requests that are not available on site		
Maintain sufficient supplies of paperwork; notify Clinic Manager of additional needs		
Receive incoming messages from Area Leaders; distribute messages as indicated		
Log all incoming messages		
Answer telephone calls and direct calls to Clinic Manager or Exercise Controllers as indicated		
Contact Exercise Controllers for any questions about routing or phone calls or messages		
Give directions to patients, visitors and staff as needed		
Monitor colleagues for signs of fatigue or stress. Notify Clinic Manager as needed.		
Monitor those waiting in line for signs of fatigue or stress. Notify Clinic Manager as needed.		
Participate in "Hot Wash" debriefing at conclusion of exercise		
Other duties as assigned:		

JOB ACTION SHEET
CLINIC RUNNERS

Position assigned to: _____

Clinic Area Assigned to: **AREA M: ADMINISTRATION AND MANAGEMENT**

You report to: _____ *Clinic Manager*

Mission: To assist patients, staff and visitors by maintaining the logistical support structure of the clinic.

IMMEDIATE ACTIONS		
Task	✓ when completed	Time (When applicable)
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area M		
Introduce self to staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Familiarize self with all equipment, paperwork and supplies used in your assigned area		

SECONDARY ACTIONS		
Task	✓ when completed	Time (When applicable)
Run errands for Area M: Administration staff as directed		
Maintain sufficient supplies and/or equipment as directed by Administration area staff		
Direct patients, visitors and staff to other areas of clinic as needed		
Monitor colleagues for signs of fatigue or stress. Notify Clinic Manager as needed.		
Monitor those waiting in line for signs of fatigue or stress. Notify Clinic Manager as needed.		
Participate in "Hot Wash" debriefing at conclusion of exercise		
Other duties as assigned:		

JOB ACTION SHEET
DATA ENTRY AREA LEADER

Position assigned to: _____

Clinic Area Assigned to: **Area N: Data Entry Area**

You report to: _____ **Clinic Manager**

Mission: The role of the Area Leader is the overall supervision of the area. The Area Leader will act as a resource for all staff and staff functions in assigned area.

The Area Leader will have attended orientation and training prior to the exercise.

IMMEDIATE ACTIONS		
Task	✓ when completed	Time (When applicable)
Receive assignment from Clinic Manager		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Introduce self to all staff assigned to Area N: Data Entry		
Review roster of staff assigned Area N: Data Entry • Data entry staff • Runners		
Convene staff briefing for all persons assigned to Area N Data Entry Area including but not limited to: • Staff introductions (name and position within DPH) • Mission and goals of area • Physical layout orientation • Paperwork flow into Area N • Data entry program • Supplies and equipment • Review of Job Action Sheets • Safety briefing		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H		

Clinic Area (cont'd) • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Be familiar with the roles and Job Action Sheets for all persons assigned to Area N		
Be familiar with equipment & supplies used in Area N		
Ensure that all staff in assigned area have received watch and that times are accurate		
Familiarize self with all paperwork used in the clinic		

SECONDARY ACTIONS		
Task	✓ when completed	Time (When applicable)
Participate as Area N: Data Entry Staff; refer to Job Action Sheet for duties		
Schedule staff breaks and meals; notify staff of schedule Notify Clinic Manager of schedule.		
Monitor colleagues for signs of fatigue or stress. Notify clinic manager as needed.		
Monitor those waiting in line for signs of fatigue or stress.		
If time allows, at conclusion of exercise, convene Area "Hot Wash" debriefing • Thank all staff for their participation • Assign scribe to document staff comments • Solicit from staff what went well, what did not go well. • Use flip charts provided in area to document findings		
Prepare 3-5 minute synopsis of Area N debriefing; If time allows, present Area comments at large group debriefing If data entry continues during large group debriefing, synopsize comments and deliver to Clinic Manager		
Collect Job Action Sheets from all staff in assigned area; deliver to exercise controllers		
Other duties as assigned		

JOB ACTION SHEET
CLINIC DATA ENTRY PERSONNEL

Position assigned to: _____

Clinic Area Assigned to: **AREA N: DATA ENTRY**

You report to: _____ Data Entry Area Leader

Mission: To enter critical information into the smallpox database in a timely and thorough manner.

IMMEDIATE ACTIONS		
Task	✓ when completed	Time (when applicable)
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Attend briefing with Area Leader and others assigned to Area N		
Introduce self to all staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Familiarize self with paperwork used in your area		

SECONDARY ACTIONS		
Task	✓ when completed	Time (when applicable)
Familiarize self with on site data computer system Notify Area Leader of need for refresher training		
Ensure that sufficient supplies and equipment are available for use		
Familiarize self with patient evaluation forms		
Familiarize self with location of incoming records, storage of completed records, and additional supplies		
In accordance with instructions of Data Entry Area Leader, enter required data into clinic database		
Accurately enter data into Patient Evaluation database		
Collect entered data collection forms in one central location		
Give directions to patients, visitors and staff as needed		
Monitor colleagues for signs of fatigue or stress. Notify Area Leader as needed.		
Monitor those waiting in cue for signs of fatigue or stress. Notify Area Leader as needed.		
If required data entry is complete, and at direction of data entry area leader, participate in "Hot Wash" debriefing at conclusion of exercise		
Other duties as assigned: *(Data Entry Staff may be called upon to help escort disabled patients through the entire clinic ⇨ Education Area, Contraindication/Counseling Area, Vaccination Area and Paperwork Drop-Off. Disable patients should go to the front of the line)*		

JOB ACTION SHEET
CLINIC RUNNERS

Position assigned to: _____

Clinic Area Assigned to: **AREA N: DATA ENTRY**

You report to: _____ Data Entry Area Leader

Mission: To assist patients, staff and visitors in maintaining the logistical support structure of the clinic.

IMMEDIATE ACTIONS		
Task	✓ when completed	Time (When applicable)
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area N		
Introduce self to all staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Familiarize self with all equipment, paperwork and supplies used in your assigned area		

SECONDARY ACTIONS		
Task	✓ when completed	Time (When applicable)
Collect forms from other sites of the exercise as instructed by Area Leader		
Distribute message forms, requests, verbal messages to other areas or to clinic manager as directed		
Run errands as directed by Data Entry Area staff		
Give directions to patients, visitors and staff as needed		
Monitor colleagues for signs of fatigue or stress. Notify Area Leader		
Monitor those waiting in line for signs of fatigue or stress. Notify Area Leader		
If required data entry is complete, and at direction of data entry area leader, participate in "Hot Wash" debriefing at conclusion of exercise		
Other duties as assigned:		

JOB ACTION SHEET
PHARMACY AREA LEADER

Position assigned to: _____

Clinic Area Assigned to: **Area P: Pharmacy Area**

You report to: _____ **Clinic Manager**

Mission: The role of the Area Leader is the overall supervision of the area, including patient intake, assessment and flow; the Area Leader will also ensure participation in the patient data collection study and act in a staff role. The Area Leader will act as a resource for all staff in assigned area.

The Area Leader will have attended orientation and training prior to the exercise.

IMMEDIATE ACTIONS		
Task	✓ when completed	Time (When applicable)
Receive assignment from Clinic Manager		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Introduce self to all staff assigned to Area P: Pharmacy		
Review roster of staff assigned Area P: Pharmacy • Pharmacist • Runners		
Convene staff briefing for all persons assigned to Area P Pharmacy Area including but not limited to: • Staff introductions (name and position within DPH) • Mission and goals of area • Physical layout orientation • Supply flow from Area I and Area M • Supplies and equipment • Review of Job Action Sheets • Safety briefing		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H		

Clinic Area (cont'd) • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Be familiar with the roles and Job Action Sheets for all persons assigned to Area P		
Be familiar with equipment & supplies used in Area P		
Ensure that all staff in assigned area have received watch and that times are accurate		
Familiarize self with all paperwork used in the clinic		

SECONDARY ACTIONS		
Task	✓ when completed	Time (When applicable)
Participate as Area P: Pharmacist; refer to Job Action Sheet for duties		
Schedule staff breaks and meals; notify staff of schedule Notify Clinic Manager of schedule.		
Monitor colleagues for signs of fatigue or stress. Notify clinic manager as needed.		
Monitor those waiting in line for signs of fatigue or stress.		
At conclusion of exercise, convene Area "Hot Wash" debriefing • Thank all staff for their participation • Assign scribe to document staff comments • Solicit from staff what went well, what did not go well. • Use flip charts provided in area to document findings		
Prepare 3-5 minute synopsis of Area P debriefing for presentation at large group debriefing		
Collect Job Action Sheets from all staff in assigned area; deliver to exercise controllers		
Other duties as assigned		

JOB ACTION SHEET
CLINIC PHARMACIST

Position assigned to: _____

Clinic Area Assigned to: **AREA P: PHARMACY AREA**

You report to: _____ *Pharmacy Area Leader*

Mission: Oversee the pharmaceutical supplies, including vaccine and emergency medicines cache, at the site; to ensure the safe and timely reconstitution, distribution and storage of the smallpox vaccine.

IMMEDIATE ACTIONS		
Task	✓ when completed	Time (when applicable)
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area P		
Introduce self to all staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		

SECONDARY ACTIONS		
Task	✓ when completed	Time (when applicable)
Familiarize self with paperwork used in your area		
Determine current cache of supplies; request additional supplies from Supply Area as needed		
Assess current on site supply of smallpox vaccine		
Wear personal protective equipment such as gloves and goggles for reconstitution of smallpox vaccine		
Reconstitute and prepared vaccine per guidelines		
Supply vaccine and needles (plastic stirring straws) by lot# to vaccination stations in need of more vaccine		
Create hole in styrofoam blocks as appropriate to hold vaccine upright for vaccinators		
Project needs for additional vaccine at site based on clinic census and hours of operation; notify Area Leader of projected needs		
Ensure proper refrigeration is available for vaccine storage (when available at site)		
Give directions to patients, visitors and staff as needed		
Monitor colleagues for signs of fatigue or stress. Notify Area Leader as needed.		
Monitor those waiting in cue for signs of fatigue or stress. Notify Area Leader as needed.		
Participate in "Hot Wash" debriefing at conclusion of exercise		
Other duties as assigned:		

JOB ACTION SHEET
CLINIC RUNNERS

Position assigned to: _____

Clinic Area Assigned to: **AREA P: PHARMACY**

You report to: _____ *Pharmacy Area Leader*

Mission: To assist patients, staff and visitors in maintaining the logistical support structure of the clinic.

IMMEDIATE ACTIONS		
Task	✓ when completed	Time (When applicable)
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area P		
Introduce self to staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Familiarize self with all equipment and supplies used in your assigned area		
Familiarize self with paperwork used in your area		

SECONDARY ACTIONS		
Task	✓ when completed	Time (When applicable)
Run errands for Pharmacy Area staff as directed		
Maintain sufficient supplies and/or equipment as directed by Pharmacy Area staff		
Direct patients, visitors and staff to other areas of clinic as needed		
Monitor colleagues for signs of fatigue or stress. Notify Area Leader as needed.		
Monitor those waiting in line for signs of fatigue or stress. Notify Area Leader as needed.		
Participate in "Hot Wash" debriefing at conclusion of exercise		
Other duties as assigned:		

JOB ACTION SHEET
MENTAL HEALTH AREA LEADER

Position assigned to: _____

Clinic Area Assigned to: **Area Q: Mental Health**

You report to: _____ **Clinic Manager**

Mission: The role of the Area Leader is the overall supervision of the area, including patient intake, assessment and flow; the Area Leader will also ensure participation in the patient data collection study and act in a staff role. The Area Leader will act as a resource for all staff in assigned area.

The Area Leader will have attended orientation and training prior to the exercise.

IMMEDIATE ACTIONS		
Task	✓ when completed	Time (When applicable)
Receive assignment from Clinic Manager		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Introduce self to all staff assigned to Area Q: Mental Health		
Review roster of staff assigned Area Q: Mental Health • Mental Health Counselors		
Convene staff briefing for all persons assigned to Area Q Mental Health Area including but not limited to: • Staff introductions (name and position within DPH) • Mission and goals of area • Physical layout orientation • Supplies and equipment • Review of Job Action Sheets • Safety briefing		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J		

Clinic Area (cont'd) • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Be familiar with the roles and Job Action Sheets for all persons assigned to Area Q		
Be familiar with equipment & supplies used in Area Q		
Ensure that all staff in assigned area have received watch and that times are accurate		
Familiarize self with all paperwork used in the clinic		

SECONDARY ACTIONS		
Task	✓ when completed	Time (When applicable)
Participate as Area Q: Mental Health Counselor; refer to Job Action Sheet for duties		
Schedule staff breaks and meals; notify staff of schedule Notify Clinic Manager of schedule.		
Monitor colleagues for signs of fatigue or stress. Notify clinic manager as needed.		
Monitor those waiting in line for signs of fatigue or stress.		
At conclusion of exercise, convene Area "Hot Wash" debriefing • Thank all staff for their participation • Assign scribe to document staff comments • Solicit from staff what went well, what did not go well. • Use flip charts provided in area to document findings		
Prepare 3-5 minute synopsis of Area Q debriefing for presentation at large group debriefing		
Collect Job Action Sheets from all staff in assigned area; deliver to exercise controllers		
Other duties as assigned		

JOB ACTION SHEET
MENTAL HEALTH COUNSELORS

Position assigned to: _____

Clinic Area Assigned to: **AREA Q: MENTAL HEALTH COUNSELORS**

You report to: _____ *Mental Health Area Leader*

Mission: To assist patients presenting to the clinic who may require counseling and support; to assist staff as needed due to stress or fatigue.

IMMEDIATE ACTIONS		
Task	**✓ when completed**	Time (When applicable)
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area Q		
Introduce self to all staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Familiarize self with paperwork used in your area		

SECONDARY ACTIONS		
Task	**✓ when completed**	Time (When applicable)
Respond to requests from Area Leaders for counseling needs		
Receive patients in Area Q: Mental Health Counseling		
Assist patients with questions, concerns and fears regarding smallpox vaccine administration		
Refer patients with specific questions about smallpox to Area G: Contraindication Counseling Area (they may have to be escorted)		
Write time in and time out on patient data collection forms of all patients seen in assigned area		
Direct patients to other areas of clinic as indicated (they may have to be escorted)		
Give directions to patients, visitors and staff as needed		
Monitor colleagues for signs of fatigue or stress. Notify Area Leader as needed		
Monitor those waiting in cue for signs of fatigue or stress. Notify Area Leader as needed.		
Participate in "Hot Wash" debriefing at conclusion of exercise		
Other duties as assigned		

JOB ACTION SHEET
CLINIC RUNNERS

Position assigned to: _____

Clinic Area Assigned to: **AREA Q: MENTAL HEALTH**

You report to: _____ *Mental Health Area Leader*

Mission: To assist patients, staff and visitors in maintaining the logistical support structure of the clinic.

IMMEDIATE ACTIONS		
Task	✓ when completed	Time (When applicable)
Receive assignment from Area Leader		
Put on identification vest and picture ID badge		
Read entire Job Action Sheet		
Attend briefing with Area Leader and others assigned to Area P		
Introduce self to staff in assigned area		
Familiarize self with other areas in clinic: • Queuing and Triage / Area A • Fever / rash Symptoms / Area B • Contact area / Area C • Paperwork Distribution / Area D • Education rooms / Area E • Screening Line / Area F • Contraindication and Screening / Area G • Vaccination Line / Area H • Vaccine stations / Area I • Paperwork Drop –Off / Area J • Medical care area / First Aid / Area K • Security / Area L • Supply and Administration Management / Area M • Data Entry / Area N • Staff rest areas / Area O • Pharmacy / Area P • Mental Health / Area Q • Pay telephones, rest rooms		
Familiarize self with all equipment and supplies used in your assigned area		
Familiarize self with paperwork used in your area		

SECONDARY ACTIONS		
Task	✓ when completed	Time (When applicable)
Run errands for Mental Health staff as directed		
Maintain sufficient supplies and/or equipment as directed by Mental Health Area staff		
Escort and/or direct patients, visitors and staff to other areas of clinic as needed		
Monitor colleagues for signs of fatigue or stress. Notify Area Leader as needed.		
Monitor those waiting in line for signs of fatigue or stress. Notify Area Leader as needed.		
Participate in "Hot Wash" debriefing at conclusion of exercise		
Other duties as assigned:		

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Steering Committee

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- Brian Katcher, Pharmacist Educator, SFDPH
- Judith Klain, Senior Planner, Community Health Network, SFDPH
- Mary Magocsy, Bioterrorism Coordinator, SFDPH
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- Amy Pine, Immunization Program Manager, SFDPH
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